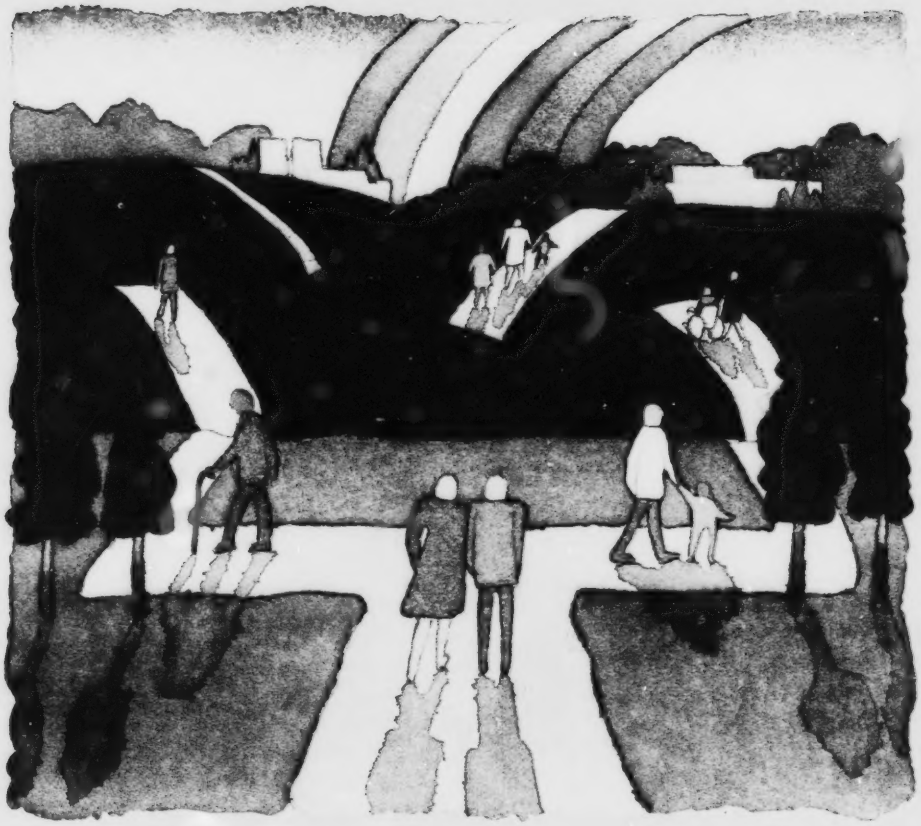
THE RAINBOW REPORT: OUR VISION FOR HEALTH



VOLUME I

PREMIER'S COMMISSION ON FUTURE HEALTH CARE FOR ALBERTANS

FINAL REPORT
DECEMBER 1989

Your response to **The Rainbow Report: Our Vision for Health** is welcome.

Comment directly to your Member of the Legislative Assembly

or before March 31, 1990 to
Premier's Commission on
Future Health Care for Albertans
17th Floor, 10025 Jasper Avenue
Edmonton, Alberta, Canada T5J 3Z3

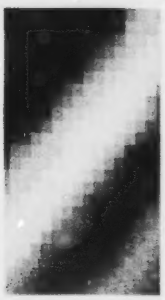
90-02907/

THE RAINBOW REPORT: OUR VISION FOR HEALTH

Song of the Sky Loom

May the warp be the white light of morning,
May the weft be the red light of evening,
May the fringes be the falling rain,
May the border be a standing rainbow.
Thus weave us a garment of brightness.

North American Indian Song



The rainbow is a hallmark of optimism. It is a symbol of freshness...joy and hope...renewal. It represents everything this report on future health and health care is about.

The different colours of the spectrum reflect the cultural mosaic of Alberta and the diversity of Albertans; the mix of health care providers who treat us in times of need; the variety of services within the health system; the desire to preserve the environment; and the blending of some of us with all of us. These hues represent our optimism for resolving issues which are not simply black and white. The rainbow has become part of our established identity, and has appeared on our letterhead and newsletters.

The Rainbow Report: Our Vision for Health is about people and choices, options and changes. It is about weaving our vision of a bright future for Albertans.

THE PREMIER'S COMMISSION ON FUTURE HEALTH CARE FOR ALBERTANS

17th Floor, 10025 Jasper Ave.
Edmonton, Alberta
T5J 3Z3
Telephone: (403) 422-1108
Fax: (403) 422-4521

December 17, 1989

The Honourable Don R. Getty
Premier of Alberta

Dear Premier Getty,

It is my honour and privilege to provide you with the final report of The Premier's Commission on Future Health Care for Albertans, entitled *The Rainbow Report: Our Vision for Health.*

The full report is contained in three volumes and presents the Commission's conclusions following almost two years of meetings, study and deliberations. We believe our recommendations will serve as guideposts toward the achievement of healthy Albertans living in a healthy Alberta.

Many of our recommendations fall within the definition of healthy public policy, and we are pleased that a number of initiatives recently announced by government can be termed as healthy public policy. Indeed, we recognize that some actions may have already been taken within various departments that coincide with the directions we have identified. Whether the work of the Commission is the cause or the effect, or neither, does not really matter. What is most important is that positive changes are occurring because the concerns of Albertans are being addressed.

We in Alberta are fortunate to have such a modern, extensive and accessible health care system served well by caring and committed providers. As we met with representatives from other jurisdictions, nationally and internationally, they praised our facilities and programs, and often expressed their desire for a system equally as good. Some voiced surprise and even envy that the Commission had been established and given the opportunity not only to recommend improvement, but the mandate to look beyond current issues and situations into the future.

We have done our utmost to fulfill your expectations, and trust that government will move in the directions we have recommended to effect the changes that are required to sustain a relevant health care system and assist Albertans in achieving and maintaining their health. Successful implementation will require more than political will and bureaucratic acceptance. It will require the commitment of individual Albertans.

On behalf of members of the Commission, I thank you for the opportunity you provided us to serve the people of Alberta in a manner that may have significance and influence well into the Twenty-first Century. Our work, as individuals and as a group, has been challenging and rewarding.

Respectfully submitted,

Lou Hyndman

Lou Hyndman, Chairman

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VOLUME THREE — SUPPLEMENTAL INFORMATION

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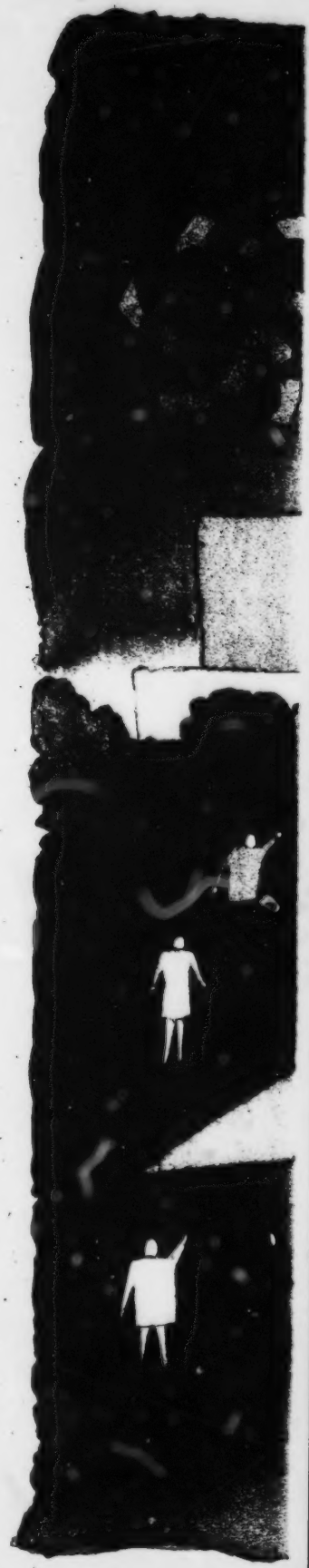
THE ALBERTANS

ONE TOMORROW

It is the eve of September 1, in the year 2005.

The Centennial! One hundred years of provincehood.

Alberta...still young in comparison to much of the world around her, but mature in her commitment to her people and social institutions; recognized and respected world-wide for her achievement; envied by many for her natural beauty; and considered technologically advanced while retaining her frontier appeal. This is a land that sought — and found — balance between the will and the drive to succeed and the gentleness and sensitivity to care for one another and our environment.



Reunions and homecomings have abounded and dominated the celebrations. The family within society is paramount. We are a community of families — mature, independent, responsive, aware. We are strong individuals — acting in concert — with an underlying sense of caring and respect for each other and the world around us. Who we are, what we do, how we feel makes a difference...and this is recognized and respected.

We cherish and nurture our youth — our continued hope for a rich, rewarding and balanced future. We honour our pioneers — many are centenarians, celebrating both their province's birth and their own — whose spirit, wisdom and guidance have brought us to this day. We are proud and confident — secure in the knowledge that when given the choices about what might be, we make the right decisions about what should be...for ourselves and for our communities. We realize that ethical living is healthy living. Our government recognizes that healthy public policy is wise economic policy.

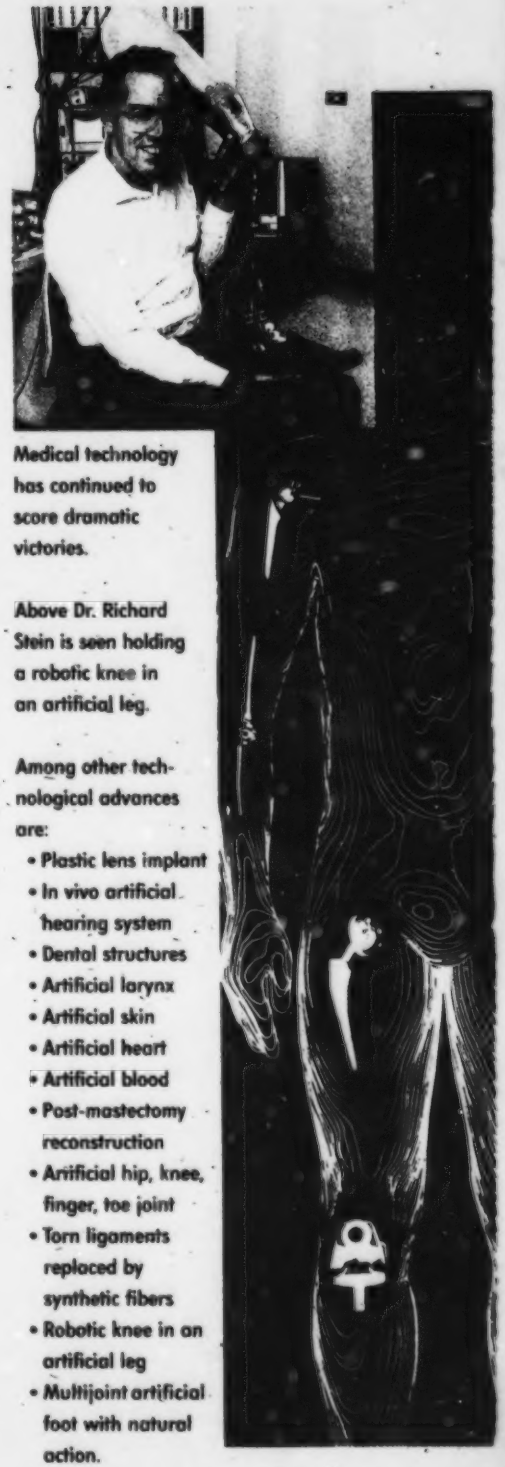
We are a community of families — mature, independent, responsive, aware.

We moved competently and responsibly from the industrial era — dominated in Alberta by the development of the oil and gas industry — to the post-industrial, information era — centred in Alberta on the development of technology, supportive of our values and beneficial to our economic strategies. We have achieved the balance and diversification so ardently pursued in the eighties.

Albertans are enjoying the opportunity to be part of global information networks which allow us many conveniences and bring the world to our doorsteps. Computer shopping: sitting at home and electronically walking through the local mall via television, ordering merchandise and having it delivered that day. Automatic translating video phones: negotiating a business deal with a customer in Tokyo, visual images are transmitted across the Pacific and over the Rockies, your remarks are translated simultaneously into Japanese and his responses into English. Talking picture phones: connecting you with your parents, your doctor, your accountant, your social worker, your elected MLA or MP, your bank — anyone, anywhere on the network. Voice-activated micro-computers: any database in the world, including major newspapers in their entirety, is available for your use and scrutiny at a minimal per hour charge.

Or you have purchased the complete guide to a healthy life on computer disk for $35 — using your micro-computer, you now have access to your own electronic physician, dietician, dentist, public health nurse and acupuncturist; the symptoms, diagnosis, causes and alternative treatments of every known illness; a listing of health care practitioners around the world, their specialties and outcomes of all their medical interventions, plus their phone numbers so you can call for consultations ($1 for 10 minutes, consultation fee extra); and you have the capacity to transmit to them your entire health history.

Medical technology has continued to score dramatic victories. Not only has our quality of life improved significantly from birth onward, but our ability to rebuild humans using "spare parts", both real and bionic, has been expanded and the techniques are relatively commonplace. The "hospital-on-the-wrist", containing microscopic monitoring devices linked to remote diagnostic centres, is no longer a novelty...nor are the portable mini-labs in common use by home care providers who analyze blood and other samples on-the-spot. "Instant" diagnosis has lessened the anxiety of waiting to find out what ails us. Biochemicals can cure many mental disorders; and immunization against diseases like cancer and AIDS is administered during infancy.



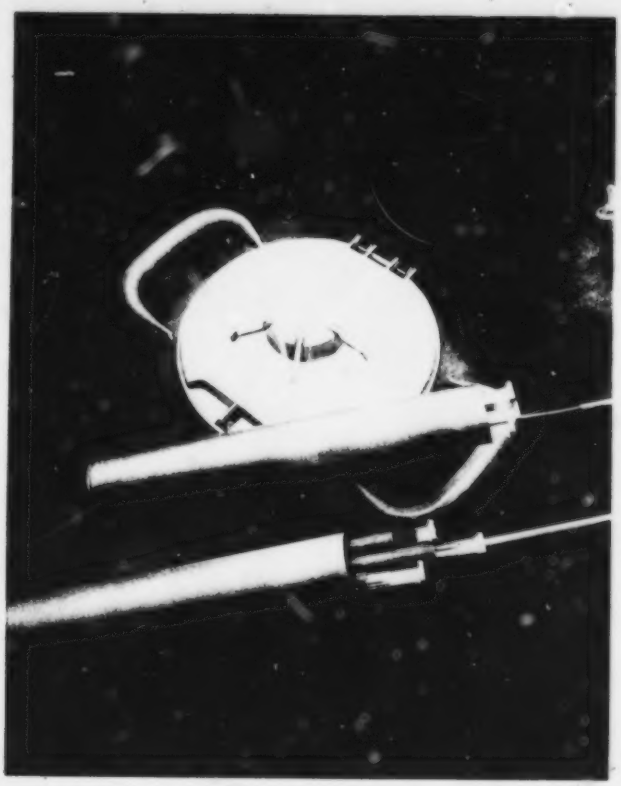
Medical technology has continued to score dramatic victories.

Above Dr. Richard Stein is seen holding a robotic knee in an artificial leg.

Among other technological advances are:

- **Plastic lens implant**
- **In vivo artificial hearing system**
- **Dental structures**
- **Artificial larynx**
- **Artificial skin**
- **Artificial heart**
- **Artificial blood**
- **Post-mastectomy reconstruction**
- **Artificial hip, knee, finger, toe joint**
- **Torn ligaments replaced by synthetic fibers**
- **Robotic knee in an artificial leg**
- **Multijoint artificial foot with natural action.**

Healthy living has reduced the incidence of substance abuse, dramatically affecting the occurrence of death and illness from tobacco use...of death and injury from alcohol-related accidents...of death, suicide and brain damage from mood-altering drugs. The ability to cope with stress in the work environment, improved early diagnosis and preventive techniques, plus generally healthier lifestyles have removed heart disease as the major cause of death from the top of the statistical charts. Along with a significant drop in teenage pregnancies, we have seen a marked decrease in low-birth-weight infants — both as a result of targeted awareness programs.



Liquid nitrogen containers are used to ship Alberta cattle embryos worldwide.

We grow frost-resistant grains and other produce, use natural insecticides, and raise "designer" animals. Robotics has revolutionized agriculture, conventional oil and oil sands recovery, and other resource industries. Our roads are paved with recycled waste; and our passive, solar-heated and air-conditioned buildings are constructed with recycled waste. We market our knowledge and expertise around the world, and specialize in cold-weather technology, which is and has been our forté for decades. Taking advantage of our long hours of daylight, we have capitalized on solar technology as a non-polluting source of heat and energy. We have adopted a balanced view regarding the use of renewable and non-renewable resources.

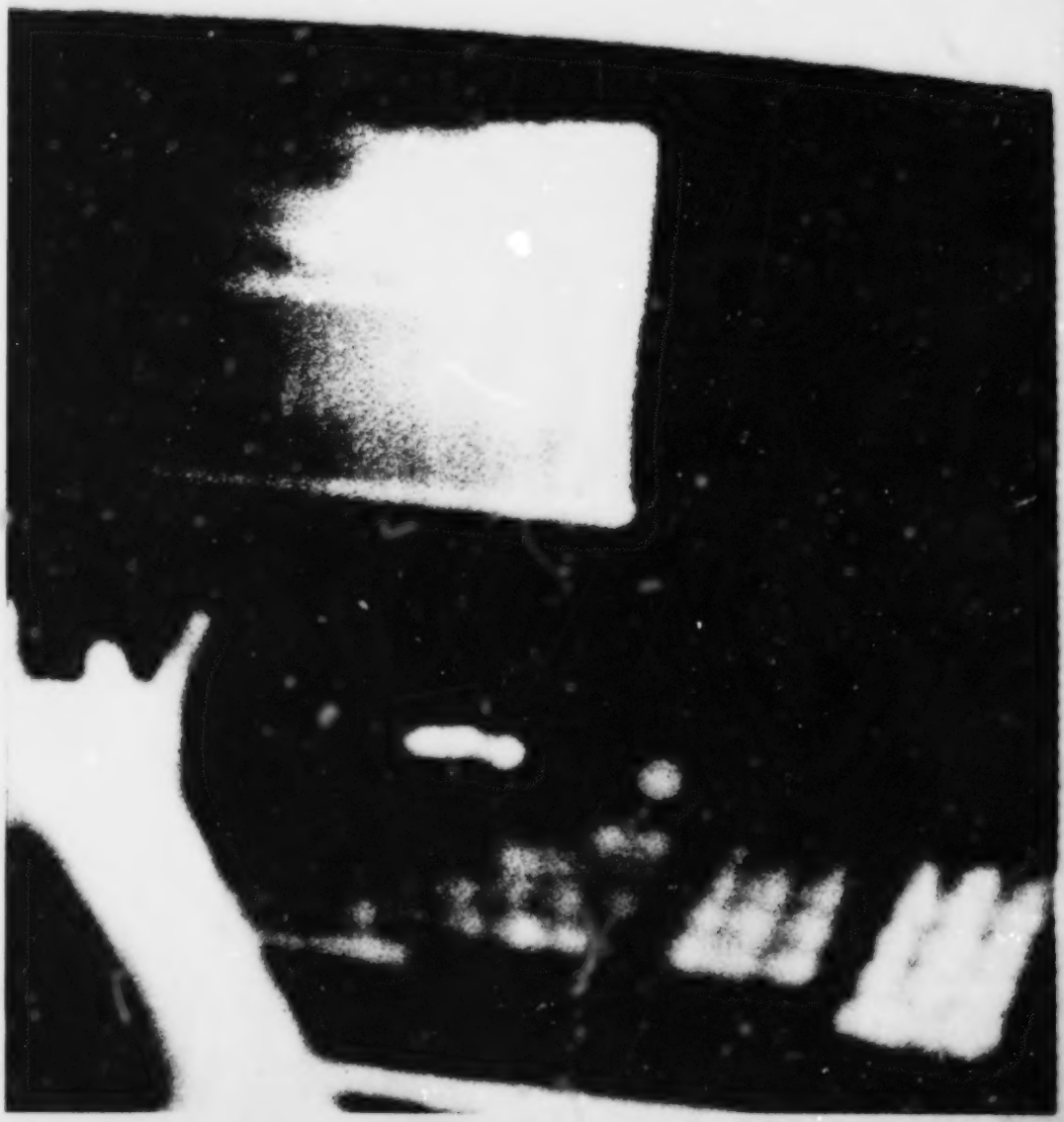
While accepting that many things will and must change, we continue to recognize that we can and must build on our strengths.

Some things don't change. Others get bigger, better and more spectacular. The breathtaking fireworks and the laser light shows have delighted and thrilled millions of celebrants throughout the province — whether communities have chosen to revisit the lessons and glories of the past, or to project the images and aspirations of the next 100 years.

And on September 1st, record crowds will converge on Government Centre and the Legislature Building — its dome a fitting contrast to the modern skyline, while beneath it the stage is set for the re-creation of the inauguration ceremony — standing as a symbol of our freedom to choose, our political will to respond, our determination to persevere, and our reason to celebrate.

This is Alberta. And these are the Albertans. Strong and free — today, tomorrow and always.

Albertans are enjoying the opportunity to be part of global information networks which allow us many conveniences and bring the world to our doorsteps.



PART ONE

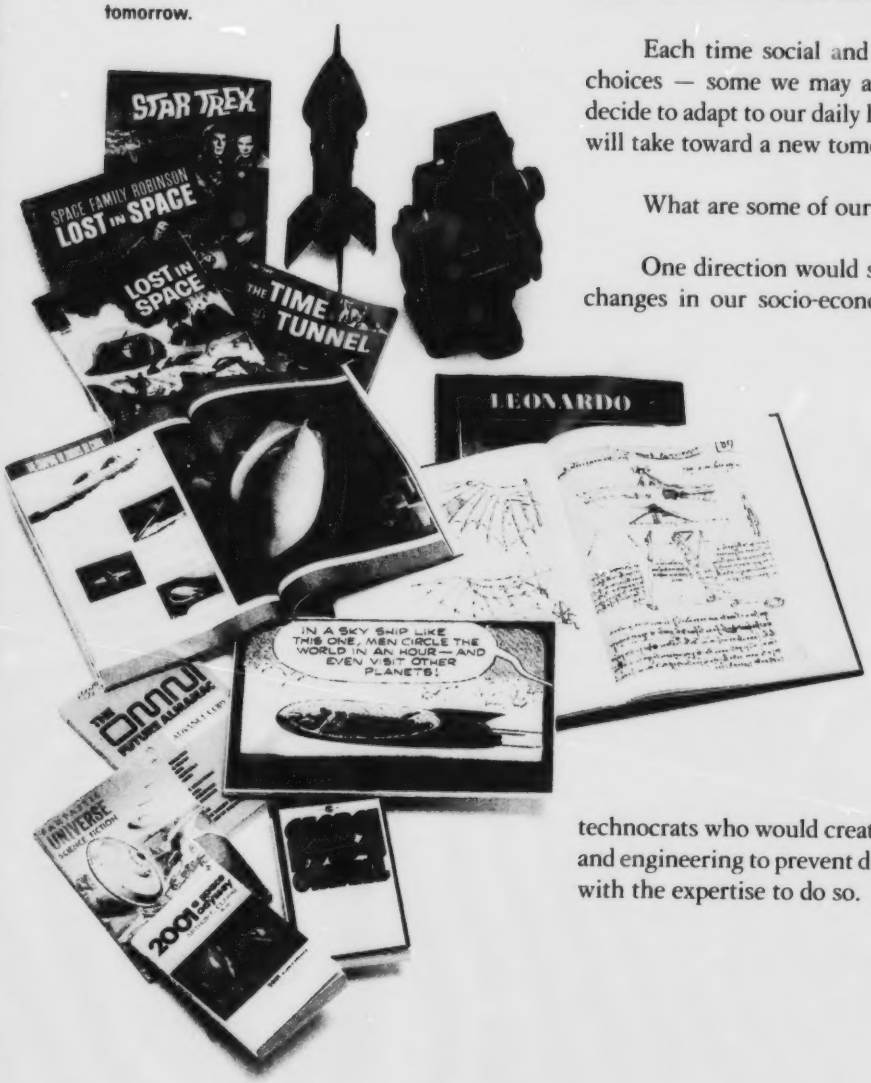
THE FUTURE

THE CHOICES

Will the Alberta we imagine in 15 years be that different from the one we know today? Will Albertans be very different? Will our health and health care system remain the same?

In 2005, Albertans will celebrate one hundred years of provincehood. Who we are and what we do will be shaped by the choices we are making today. The choices we make over time will represent our preferred tomorrow...it will be one of several possible tomorrows.

The Future...who can really predict what is to come? Despite the best, and sometimes whimsical efforts of scientists, philosophers, and writers, only one thing is clear: the choices we make today can dramatically affect our tomorrow.


STAR TREK
SPACE FAMILY ROBINSON
LOST IN SPACE
LOST IN SPACE
THE TIME TUNNEL
LEONARDO
IN A SKY SHIP LIKE THIS ONE, MEN CIRCLE THE WORLD IN AN HOUR—AND EVEN VISIT OTHER PLANETS!
THE OMNI FUTURE ALMANAC
2001

Which tomorrow?

We are learning that health and the way we care for it follows social and cultural values and norms. We know that our illnesses and other challenges to a healthy mind, body and spirit are largely a question of our lifestyles...including interaction with each other, and our environments of air, water and food-chains. But, how we choose to deal with these challenges to our health will differentiate one future from the other.

Each time social and cultural changes occur, we are presented with choices — some we may accept, some we may reject, and others we may decide to adapt to our daily lives. That is, we choose the *directions* our society will take toward a new tomorrow.

What are some of our choices between now and the Centennial?

One direction would see us maintaining the status quo with minimal changes in our socio-economic future. Our values would remain largely unchanged. The health care system, designed to care for illness, would consume a relatively constant portion of the Gross Provincial Product. Good health would be viewed as a positive contribution to efficiency and productivity. Albertans would be taken care of in illness and informed about illness prevention.

Another direction is that of a highly technological world in which the development and application of technology are aimed toward a more centralized control of information, of our lives, and of our health care system. Our values would centre on competition, consumption, technical expertise and specialization. Decisions would rest with technocrats who would create a health care structure based on social control and engineering to prevent disease. Albertans would be taken care of by those with the expertise to do so.

Still another direction would mean changing our socio-economic system to recognize that sustainable growth is possible and requires balancing co-operation and competition while maintaining a global view. Our values would include the community as the cornerstone of society, education and other forms of learning as key to bringing about sustainable growth, and respect for the differences among us. A network of neighbourhood, regional and provincial groups would take an integrated approach and share responsibilities for the environment, health, social services, and education. Albertans would increase their individual knowledge of health and health care, and work with others to gain and sustain health.

"...serious consideration should be given to the possibility that public schools, colleges, universities, churches and community groups could be used as vehicles to improve knowledge about health..."
Dr. Clarence A. Guenter

The final direction is that of the collapse of western civilization due to a series of natural disasters...or continued disregard for the fragility of the environment — perhaps falling one upon another...or global destruction resulting from our political inability to resolve major disputes...or human error — someone pushes the button.

While no one can accurately predict the future, it is not totally beyond our control. We live in a world of unprecedented opportunity...an era that has been called "the premature arrival of the future" by Alvin Toffler. Change has been, and will continue to be, the profound characteristic that has marked our age. Its scope and scale will accelerate in the years to come. The unimaginable will become reality. Society, economics and technology *will* be dramatically altered. So, what we do today *will* help shape our tomorrows.

Reasonably, we might think it would be enough to create our ideal image of tomorrow's world in the image of today's world — by taking what we consider to be the best of the present, combining it with the best of the recent past, and extending it to the future.

Unfortunately, it is not enough to merely refine and project our present circumstances. We must do more.

The Future...we all want to lead productive, healthy, happy lives.

We can choose to be independent, active and in control – living life to the fullest!

Boldly, we have chosen to shape, mould – even *invent* – our future. We must accept the challenge to re-frame our experience and knowledge by reaching to the very depths of our insight, character and commitment. We must seize the opportunity to become a "knowledge-rich" economy and social order...one in which people, families, organizations – including and especially governments – are willing and able to learn and keep learning, and to direct and apply appropriately that knowledge for the sake of living well.

To capture the essential difference between our yesterdays and todays, and that of our tomorrow, we must shift from the concept of *life* as a noun...*life* in the passive sense...to *living* as a verb...experiencing *living* in the active sense. We must recognize life is something that happens to us, is given to us...*living* is something we, and we alone, actually do. No one else can do it for us. Others can help us learn to do it better, but they cannot live for us. We can continue to be dependent, passive and controlled – letting the world pass us by – or we can choose to be independent, active and *in* control – living life to the fullest.

"We must ask ourselves if we are willing to settle for mere survival when so much more is possible in life."
Rev. Ian Macmillan

In order to live fully and responsibly, we need to learn how to empower and sustain one another as we determine what we need in the future...how to continue our emergence from dependence to independence to mature interdependence without hostility and resentment...how to routinely support and sustain healthy and vibrant individuals, families, communities, organizations, industries and countrysides...how to live without harming or exhausting our water, trees, ozone and soil...how to live without increasing cynicism, violence and anger...how to remain competitive without becoming adversarial...how to live without increasing the dependency in those whom we try to help...how to maintain quality services without creating financial ruin ...and how to ensure sustainable, relevant, self-renewing health for Albertans and Alberta.

OUR VISION

What does the Premier's Commission on Future Health Care for Albertans see in the year 2005 and beyond?

Our chosen tomorrow — healthy Albertans living in a healthy Alberta.

Yes, there are other tomorrows, but they are less than we deserve...less than we are prepared to accept.

The health destiny of Albertans

Albertans will enjoy the privilege of choice, have the capacity to recognize that which is just and proper, and master the balance between individual right and societal good.

Albertans will take greater responsibility...we will exercise greater control...we will be more accountable for our actions and personal well-being, and that of our children, our families and our communities. Our autonomy and dignity as individuals will be respected.

Albertans will mean "all of us" and include "some of us" who need special support. The uniqueness of "some of us" will be identified and addressed differently, but appropriately, within the same context and values of all Albertans. Labels will be avoided to discourage segregation of "some of us" from "all of us".

Albertans will be given the opportunity to realize optimum health... we will be assisted, supported and protected in this pursuit by healthy public policy, programming and legislation.

Albertans will move out of the confrontational mode with governments, as governments return authority, responsibility, accountability, and funds to individuals or their designates so meaningful personal choices can be made.

Albertans will be skilled at developing healthy communities through grassroots leadership and commitment.

"Caring...is the central value which will enable us to move into the future and make whatever adjustments are required. With that attitude, we can look forward with confidence to the year 2000 and beyond."
Walter Braul

Albertans will have the option to choose from among a greater diversity of approved treatments and treaters. As partners with care providers in making health decisions, our choices will be honoured. Preventive and curative health will be least intrusive and controlling, and most effective and appropriate.

Albertans will have realistic expectations regarding living and dying... we will deal with the reality of pain and suffering...we will reconcile ourselves to the certainty of death...and we will recognize that "the system" cannot shield us against the inevitable. On the other hand, Albertans will take comfort in the knowledge that what should be done — as determined by individuals, their families and care-givers — will be done.

Albertans will be assured the easiest possible access — without financial or other discriminatory barriers — to basic and specialized health services. We will be aware of our particular needs and the resources within the system...a flexible and sensitive system, designed with our involvement and participation to accommodate our local priorities, while reflecting acceptable provincial standards. The services provided will be according to needs, and will change as needs change.

Albertans will receive care from competent health care providers, attracted to a health care system which values their contribution, rewards their excellence, respects their professionalism, retains their level of commitment, and expects their participation with and acceptance of other members of the health care team.

Albertans will benefit from a sustainable and efficient health system which continues to strive for excellence in its delivery of services and care. It will be a system that enhances health and incorporates relevant measurement, effective balance, appropriate planning, adequate funding, and continual evaluation.

Albertans will have their health care system governed by thoughtful trustees providing sound policies to capable administrators.

Albertans will be provided with the necessary information — communicated readily in an understandable, usable form via various media through state-of-the-art technology — to assist us in making appropriate health decisions based on our knowledge and familiarity with the health care system.

Albertans will concentrate personal efforts on healthy living, thinking of health beyond the realm of the treatment of illness and toward the attainment of well-being. Health promotion and illness prevention will be taught and practised throughout the community, including our schools, to ensure that children grow up aware of the benefits of living healthy and capable of making healthy decisions. Our schools and health facilities will be the finest examples of healthy environments.

Albertans will lead productive, meaningful lives in healthy, safe work environments. Governments and businesses will ensure that the health interests of the people are given equal consideration with matters of economic development and job creation. Employers will recognize the values and benefits of providing health education and fitness facilities to their employees...encouraging and rewarding participation.

Albertans will exercise discretion in their purchase of goods and services, knowledgeable about what is environmentally friendly and confident that healthier choices have been made easier choices.

Albertans will participate in the development of, and enjoy the positive results of increased research and technology — as applied to treatment and prevention, to managing the health care system, to training health care providers, to educating all segments of the population, to protecting our environment, and to sharing our knowledge and expertise.

Albertans will live in a values-motivated volunteer society where concern for, and support to others will remain at the forefront...where human relationships will always extend beyond our immediate families to our neighbours...within Alberta, across Canada and around the world...wherever a real need is seen.

Albertans will recognize that change is inevitable...that change is necessary and healthy in a forward-thinking, flexible society.

"(there is a need to focus on) ...the crucially important informal network of support such as self help and mutual aid groups, volunteer agencies, community advocacy organizations, as well as care provided by family and friends."
Hon. Jake Epp

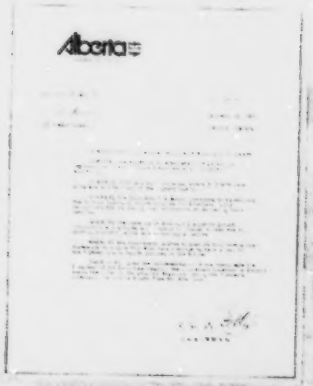
PART TWO

THE COMMISSION AND THE TASK

OUR HISTORY

On December 18, 1987, the Honourable Don R. Getty, Premier of Alberta, signed an Order-in-Council establishing the Premier's Commission on Future Health Care for Albertans. Order-in-Council 848/87 was approved and ordered by Lieutenant-Governor Helen Hunley.

The Order-in-Council outlined the purpose for establishing the Commission:


Alberta

WHEREAS the fundamental resource of Alberta is its people;

WHEREAS the health of all Albertans is of paramount importance to the province's future social and economic well-being;

WHEREAS Albertans have universal access to health care programs and facilities of the highest quality;

WHEREAS the Government is deeply committed to maintaining the highest quality of health services for Albertans, while recognizing the increasing cost implications of delivering these services;

WHEREAS the patterns of Alberta's population growth, composition and activity will continue to change in response to shifting economic, social and technological factors;

WHEREAS the Government wishes to plan its long-term policy framework to ensure that Albertans continue to have access to the highest quality health services in the future.

THEREFORE, upon the recommendation of the Honourable the President of the Executive Council, the Lieutenant-Governor-in-Council, makes the order in the attached Appendix being the Premier's Commission on Future Health Care for Albertans.

The Commission, comprised of a Chairman and six Commission members plus a Deputy Commissioner who also served as the Executive Director, was asked to conduct an inquiry on future health requirements for Albertans with respect to the following general Terms of Reference which were contained in the Appendix to the Order-in-Council:

— to examine changes in future health requirements as they relate to population trends, advances in active treatment and preventative health measures, health training and technology, types and patterns of illness, public needs and expectations, organization funding structures, and such other factors that may be relevant;

— to examine roles, responsibilities and expectations of individual Albertans, volunteers, community agencies, the medical and related health care professions, private sector interests, and governments in planning, delivering and funding future health services and programs;

— to examine incentives and mechanisms to maintain the quality and accessibility of health services; to encourage the most innovative, effective and economical use of health resources and to focus on the promotion of health and the prevention of disease; and

— to examine, comment on, and make recommendations on such other matters that the Commission may deem to be relevant.

The final report was due to the Premier on or before December 31, 1989.

Albertans have been enormously well-served by those – both volunteers and professionals – who help provide care.

At the first meeting of the Commission on January 20, 1988, discussion focused on the Order-in-Council and the general Terms of Reference. Commissioners had been asked to raise particular issues which we thought might be of major importance to the health of Albertans. Numerous topics were raised, including:

- health care for the aged and long-term care;
- universality of access, privatization, and rationing of services;
- the definition of "insured services" under the Alberta Health Care Insurance Plan, and the increase in costs of a "free" health care system;
- efficient management and measurement of the health care system;
- health care delivery systems in relation to emergency service at hospitals and transportation for patients in a rural environment;
- workers' health and the economic and social impact of the application of technology;
- mental health and mental illness;
- prevention of diseases ranging from dental disease to AIDS;
- provision of information on health promotion and trends;
- prevention of child abuse; and
- understanding the inevitability of pain, suffering and death.

The Commissioners agreed that overall the Alberta health care system is among the best in the world. Albertans have been enormously well-served by those – both volunteers and professionals – who help provide care. And, Albertans have generally used the health care system responsibly, and are appreciative of the integrity, dedication and effort shown by all involved in the system.

The Commissioners shared with each other a sense of a preferred future for health in Alberta; we expressed our concern about the delivery system for health given its fragmentation and the availability of financial resources; we resolved to address the difficulties resulting from "turf" mentality; and we agreed to the need for a mission statement and a set of principles for health.

Despite a certain immediacy to our list of health care concerns at that first meeting, we did recognize that health care was only one component of the much larger picture. We knew we would have to look at the culture, the economics, the education, and the demographics of society. In our mind's eye, we saw – from the beginning – "healthy Albertans in a healthy Alberta".

THE PROCESS

Because health care was such an important and extensive component, we divided it into three segments as they related to the Terms of Reference, and the Commissioners formed teams of two each to deal with prevention and promotion, long-term care and rehabilitation, and acute care (diagnosis and treatment of disease and injury).

Then, in February of 1988, Premier Getty requested that the Commission issue an Interim Report on the major concerns of nurses regarding their role in the delivery of health care in the Alberta hospital and nursing home system. This new assignment, with separate and specific Terms of Reference, occupied the Commission for four months: conducting public meetings with 14 province-wide associations; plus reviewing, studying and discussing 465 letters and written submissions from organizations and individuals, and numerous relevant, national and international studies and reports. The interim report, entitled **Caring and Commitment — Concerns of Nurses in the Hospital and Nursing Home System**, contained 14 recommendations and was provided to the Premier in mid-June. A review of the recommendations and a summary of the responses by the government, institutions and nurses is carried in Part Six in Volume Two.

That task completed, the Commission returned to its larger mandate, and the three working groups set about gathering information on their particular areas of concern. In addition, the Commission began actively seeking comment from large numbers of Albertans, individually and collectively. Throughout the province, in the summer and autumn of 1988, "town hall" meetings were held in 14 communities, and youth and senior citizen workshops were sponsored. Commissioners toured facilities — hospitals, nursing homes, health clinics, other care facilities, senior citizen complexes, schools, universities, work sites and research centres — attended seminars and conferences, and met with government officials. The Commission also placed advertisements in daily, community and ethnic newspapers seeking response from the public. The print and broadcast media publicized the "town hall" meetings and the Commissioners frequently participated in interviews and open-line shows. Other activities, including the production of a Commission newsletter and the availability of a toll-free telephone line, generated even more interest and response.

The print and broadcast media publicized the "town hall" meetings and the Commissioners frequently participated in interviews and open-line shows.

Deserving of special attention are senior citizens and young Albertans whom the Commission sought out for their views. Two senior citizens' workshops were held in Edmonton and Calgary in November 1988. The frank dialogue touched on a number of issues unique and pertinent to elderly people. As we continue our endeavours to improve the quality of life of older citizens, and to address the future health care needs of an aging population, Albertans should remember that perspectives from senior citizens themselves are most enlightening.

In addition to conducting public meetings, conferences and public hearings, the Commission toured health facilities, schools, and worksites.

The Commission also recognized that today's youth should have a say about the future health system. While in northern Alberta, the Commissioners talked with the Grade 11 classes at Paul Rowe High School in Manning, and at Grande Prairie High School. In addition, youth workshops were sponsored in Edmonton and Calgary with a moderator. Students representing a number of schools exchanged views on health topics of special concern, such as accident/injury prevention. They were forthright in sharing their thoughts and concerns about thorny issues facing all of us and all of them — abortion, euthanasia, suicide, sexually transmitted diseases, and others.

As well, by September of 1988, the Commission had developed its statement of Mission:

Our Mission — is to develop recommendations that will enable Alberta, in 2000 A.D. and beyond, to become a province where

— each citizen has the opportunity to achieve quality of life through "good health", not just physically, but also in the mental, spiritual, social, ecological, and economic spheres;

— Albertans, individually and within their families and communities, play the major role in the maintenance and enhancement of their health; and

— Albertans, with the appropriate assistance of others, have the opportunity to attain or restore themselves to optimal health, or to die with dignity.

The Mission Statement and a set of principles were published in our newsletter, and reaction was requested from various interest groups and individuals — widespread feedback was sought.

By the end of the calendar year, the Commission had conducted a number of public hearings and heard submissions from 68 province-wide organizations, and received private submissions from 349 groups and associations and 1,230 individuals concerned with or involved in aspects of health and health care. Overall an estimated 125,000 Albertans were represented by submissions and comments.

A special edition of the newsletter in February, entitled **What You've Said,** provided a broad range of the comments that had been voiced by private citizens, health care providers and interested groups and organizations, including the concerns and suggestions voiced by senior citizens and youth at their special workshops. More than 14,000 copies were circulated.

To complement the research information and public submissions, the Commission sought more hands-on input from consumers, health care professionals and other experts in the health care field by hosting several participatory conferences. In a follow-up to our interim report on nursing, we sponsored an **Interim Report Conference** of all major nursing associations to obtain feedback on the report, enhance communications, and obtain further directions. **Toward a Balanced Future,** a one-day workshop co-sponsored with the Premier's Council on the Status of Persons with Disabilities, provided valuable insight to the policies, programs and services needed in the long-term care and rehabilitation areas. A **Healthier Albertans** consultation brought together specialists in illness care, the workplace, economic public policy, the environment, genetics, individual behaviour, and the family to cooperatively deliberate on a health promotion agenda for Alberta. **A Strategic Forum on Mental Health,** co-sponsored with five groups representing a wide range of mental health care providers and consumers, generated a significant number of suggestions to change thinking and influence change in mental health care for adults and children.

"The Grey Nuns strongly believe the provincial government has a responsibility to provide leadership and direction to facilitate the development of a mission philosophy, specific goals and objectives, and a plan of how these can be implemented in our health care facilities."
Grey Nuns of Alberta

And, for the first time, provincial health commissions and committees, both past and present, from across Canada were invited by the Commission to an interprovincial conference. Participants shared advice and experiences willingly and frankly regarding various facets of health care services and administration; and discussed in depth the setting of health goals, the development of implementation strategies, and the necessity for assessment and evaluation. We realized that we were the only Commission to be given broad parameters that allowed us to deal with the future, while most others were limited to current issues and situations.

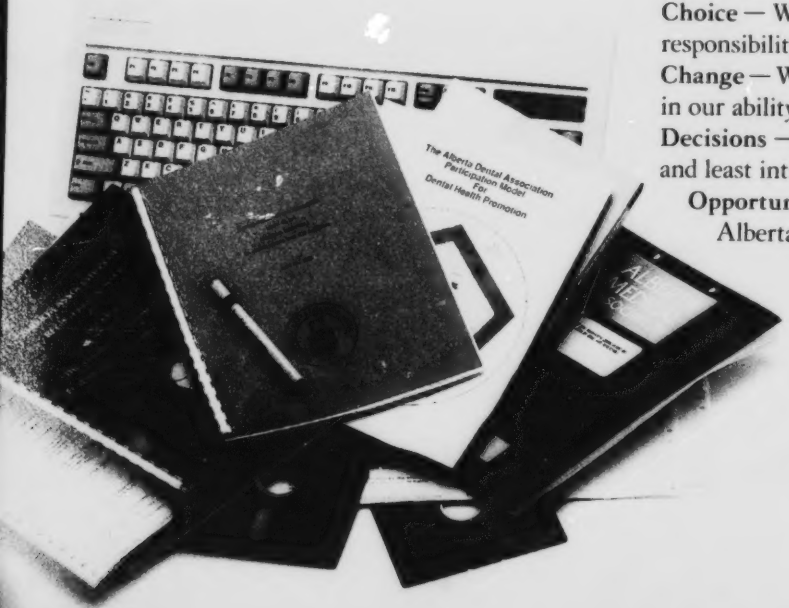
As of July, 1989 the total number of written and telephone comments to the Commission had risen to nearly 1,600.

Employing the use of a sophisticated micro-computer program, the information in the submissions was stored and categorized for easy retrieval. Using a key-word system, comparisons, similarities and frequency analysis of more than 8,500 concerns, expectations, solutions and recommendations could be undertaken quickly, accurately and efficiently. This "content analysis" will be retained and made available upon request as a resource to people studying public commentary on health and health care in Alberta. As well, all submissions have been catalogued, and video tapes of presentations at public meetings in Edmonton can be borrowed for reference.

Regarding a number of major concerns and issues, additional information and background material was sought from various sources: outside consultants and experts, professional associations and interest groups, as well as other governments in Canada and abroad.

The circulation and further discussion of the Mission Statement and the original principles resulted in this revised statement of Principles which would guide our deliberations:

People — We believe in people being the focus of the health system.
Choice — We believe in free and voluntary individual choice, personal responsibility, and duty to others.
Change — We believe in the inevitability and desirability of change, and in our ability to manage change to accomplish our purposes.
Decisions — We believe in health decisions which are most effective and least intrusive.
Opportunity — We believe in making the opportunity available to all Albertans to maximize their own health.



As we deliberated on the Principles, we considered certain essential components which we felt would ensure that *people are the core.* We believe people must have meaningful *control,* or delegated control, concerning health and health care decisions. Because ideas differ significantly as to what makes us healthy, we felt that a sense of control is in itself healthy. Control recognizes that adequate *knowledge* is both a right and an obligation — that knowledge of societal restrictions and their reasons are necessary as part of individual rights. Such knowledge, including the opportunity to obtain, vet, disseminate, review and regularly evaluate, is necessary to understanding — and understanding is essential to control. Without knowledge and understanding, we have little — least of all control. All three require the presence of publicly-stated principles and beliefs which proclaim the foundation upon which policies are developed and programs are built.

These principles and beliefs must embody a set of essential elements. The positive role of *human relationships* in health achievement — the importance of being able to recognize, analyze and influence — is essential to the encouragement of supportive family and community action, and healthy public policy.

We must recognize that all of us have *basic needs* — such as food, shelter, clothing and education — which have a significant impact on health. Increasing knowledge about health and taking action against poverty and other barriers are essential to meeting the basic needs of Albertans.

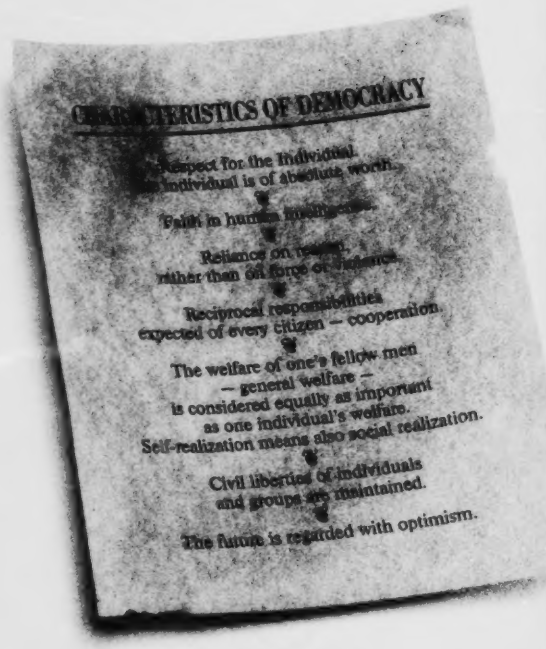
There must be fair distribution and effective management of *resources* — human, financial and others — to ensure a quality health care system which is *accessible* to all of us. It is necessary that we recognize that health care does not simply mean *the ability to have* — as in equality. It also means *having regardless* of ability to have — as in equity. In addition to our more obvious resources, we must be sensitive to sustaining our *environment* if we are to enjoy self-renewing and relevant growth.

The hope for *the future* rests with our children. We must protect and invest in their health to ensure a sustainable health system.

And, finally, publicly-stated *principles and beliefs* must form the foundation for the Alberta health system. As times and needs change, these should be reviewed, revised and reissued.

The principles which guided all of our deliberations were:

- **People**
- **Choice**
- **Change**
- **Decisions and**
- **Opportunity**


CHARACTERISTICS OF DEMOCRACY
Respect for the Individual.
The individual is of absolute worth.
Faith in human intelligence.
Reliance on reason
rather than on force or violence.
Reciprocal responsibilities
expected of every citizen — cooperation.
The welfare of one's fellow men
— general welfare —
is considered equally as important
as one individual's welfare.
Self-realization means also social realization.
Civil liberties of individuals
and groups are maintained.
The future is regarded with optimism.

Alberta Curriculum Bulletin #1 — 1949

THE EVOLUTION

Throughout the process, it became clear to the Commissioners that Albertans were telling us that it was no longer good enough to merely learn how to do better what Alberta already does well. We were told we would be remiss to recommend extending the course on which health and health care have been developing. Having amassed and studied an incredible amount of information, having seen the extent of change and the development of trends, we began to "future think". We struggled to set aside our personal biases and change our perspective. Indeed, we realized that we must alter the course of health care development ...align it more completely with new knowledge, new awareness, new technology, and — ultimately — the new culture emerging within and among us.

Our real task, as Albertans, is to do what is necessary to nurture and sustain healthy Albertans...supported by an increasingly responsive and relevant health care system...in an increasingly healthy Alberta ...in an increasingly healthy world.

What we have done in the past is neither perfect nor complete...neither has it been irrelevant and ineffective. But health and health care are not and cannot be isolated from the profound societal change that is now affecting virtually every aspect of our lives. Such change — economic, technological, social, psychological and ecological — demands that we face, understand, and respond to new realities.

"Freely provided things are soon taken for granted and the end result is that no value is perceived by the recipient. The more often this process occurs, the more deeply seated becomes this conclusion."
A.A. Wilke

Fortunately, the change we are in is not happening overnight. The advantage is that we have the capability to participate — to direct — change for the benefit of the whole of society; the disadvantage is that we may fail to grasp the full implications of change on the whole of society.

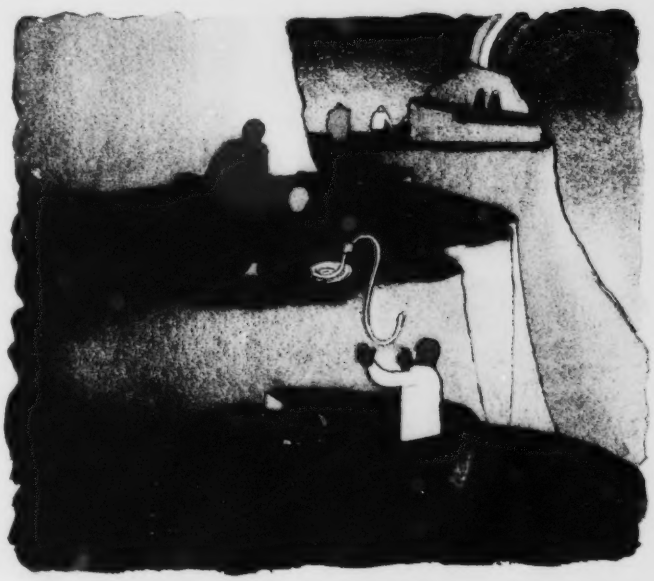
Clearly, we must recognize that we are shifting from the classic industrial way of living into a post-industrial society which is information-packed, knowledge-driven and global in scope. We must capitalize on this opportunity

to become knowledge-rich. We must choose societal values that support caring and mutual understanding. We must recognize differences and capitalize on the strengths of our diverse cultures and communities.

Our task, as Premier Getty told us, is to define and describe as best we can this continuing journey. The Commission believes that during the 1990s — this last decade of the century — it is critical that politicians and governments acknowledge the fact that Albertans, too, are inexorably part of a transition, and that we must learn to manage it. Such is the challenge that faces every management group in every type of institution from corporations to churches, voluntary organizations to governments, colleges to hospitals. From this perspective, our efforts regarding health and health care must be viewed as a single element of the common struggle to adapt our present perceptions, expectations and institutions to the new realities of our lives, our society and our world.

THE CHALLENGE

As we listened to Albertans and read what they had offered...as we reflected upon their views and meshed their thoughts with our own...it became increasingly clear that the present system — however successful it may appear — had just about run its course. It cannot be held together much longer. Returning to a simpler past is not even an option. Nor would it be sufficient to tidy up our present arrangements, even if unlimited funds were available — which they are not. We simply cannot spend our way to the future. We must *think* our way there.



The Commission recognizes that ours will never be a perfect world. We do, however, believe that each of us has an obligation to do our best. Therefore, we present — in the prologue, *The Albertans* — a positive, optimistic scenario of life as it might be in the Twenty-first Century. We know full well and with regret that the elements of disability, disease, destruction, death and discord will always be among us. Nonetheless, we believe that Albertans have the spirit and the strength to effect positive change...and that the government, in commissioning this report, has indicated its political willingness and commitment to lead and participate in positive change.

It is our judgement that we must adopt a broader approach to the aspects of health, and set our directions toward that achievement.

This, then, is the challenge that we, as a Commission, have accepted on behalf of the people of Alberta — all Albertans, but especially our children. If we can give them the knowledge and appreciation to be and stay healthy, we will have ensured the health and well-being of future generations. **The Rainbow Report: Our Vision for Health** is intended to assist all of us in the shaping, moulding and invention of our future...a future dedicated to healthy Albertans, supported by healthy systems, living in a healthy Alberta, as part of a healthy world.

My heart leaps up when I behold
A rainbow in the sky.
William Wordsworth — 1802

T H E **COMMISSIONERS**

"Consider the future — you will spend the rest of your life there."
Lou Hyndman
Chairman

"We need more than anything else a clear sense of a preferred future that is supported by Albertans."
Joy Calkin
Commissioner

"It is important that we plan now. It is our children — the future of Alberta — who will benefit most."
Ruth Collins-Nakai
Commissioner

"If we could know our tomorrow, would we change our today?"
Gene Murrant
Commissioner

"Albertans, no matter where they live in this province, have been creative and bold. I am confident that this tradition will be carried forward into the next century. We must learn to work cooperatively and grow through unity."
Carol Snedden
Commissioner

"I commend those demonstrating concern for their health. I applaud the loving family of providers attending to our physical, mental and pastoral needs and I salute the systems meeting these needs."
Father Pat O'Byrne
Commissioner

"In any examination of our health system, it is desirable to remember: Funding forces form! Don't spend more, spend better! You cannot manage effectively unless and until you measure effectively."
Bill Sturgeon
Commissioner

"It is easier to honour the past than to praise the present, and both are easier than anticipating the future."
Alex McPherson
Deputy Commissioner

PART THREE

THE RAINBOW REPORT AND THE RECOMMENDATIONS

OUR VISION FOR HEALTH

The single, most important element throughout the Commission's deliberations...the over-riding factor in our considerations ...has been people. The people of Alberta.

Our primary concern is with the health of Albertans as it is defined by the World Health Organization in the preamble to its constitution: "...a state of complete physical, mental, and social well-being and not merely the absence of disease and infirmity".

GE AND MOTIVATE...

"Ethical Living is acting responsibly and with respect toward each other and the environment."
The Premier's Commission

We realize that the mandate of the Commission has its limitations, but wish to voice our belief that other societal factors will have to be addressed if we are to achieve that "state of complete...well-being". Serious efforts must be directed by "all of us" toward reducing poverty and unemployment, child abuse and spouse battering, and discriminatory barriers against "some of us" — including minority ethnic groups, the elderly and people with disabilities. It is imperative that we all understand that ethical living is healthy living...that unethical living is unhealthy living.

As individuals we must reflect critically on our own lifestyles. We must learn to use effectively resources such as nutrition and exercise, and leisure time. We must learn to use responsibly such resources as our health care system and our environment. And we must learn to focus on well-being — our own and that of our communities — rather than on illness — our own and that within our society.

From the outset, we determined that we must approach the task with a genuinely positive attitude. Systems and circumstances evolve in any arena, and the vastness of health and health care makes it susceptible to difficulties. The Commission has been sensitive to ensuring that blame for any such difficulties would not — indeed, should not — be laid at anyone's door.

The Commission recognizes that this report will not be all things to all people. We sought balance. We honestly believe that our reach must exceed our grasp. We concede that many who expected more specific, pointed responses to their immediate concerns will be disappointed. However, we believe that the vast majority of those concerns will be addressed in the 1990s, either by specific recommendations we have made, or the broad directions we have suggested for their implementation.

Florence McQuarrie, 97, is shown with children from the Alex Taylor School in Edmonton. She spent a year knitting 105 pairs of mittens for the inner-city school kids.

The Rainbow Report: Our Vision for Health has eight parts, contained in three volumes. The first two volumes are the narrative presentation while the third is useful background information.

Volume One — Our Vision for Health, parts one through four, serves as a summary report: it presents our vision for the future, describes the process we followed, and presents our recommendations. As well, it contains an illustrated fold-out which highlights health and health care in Alberta through three eras of development — through what was, what is and what should be — which leads us on the journey toward achievement.

Volume Two — Directions for Change, parts five through seven, contains the findings of the Commission which are presented with the recommendations in four chapters:

— **Healthy Albertans: Our fundamental resource** describes all of us and how healthy we are or are not, and promotes awareness of those actions which can be taken to improve the well-being and health of Albertans;

— **People: The real focus** advocates individual dignity and autonomy, describes the relationship between all of us and the system, and deals with the special support needed by some of us;

— **The system: Achieving a balance** focuses on providing a sustainable, self-renewing, relevant health care system which is supportive of the aspirations for a condition of well-being among Albertans; and

— **The world around us** looks at environmental health, its effect on the larger community, our influence on it, our responsibility to it, and our place in it.

These chapters examine the current situation, identify the difficulties, elaborate on the vision for the future, and recommend directions for the achievement of healthy Albertans living in a healthy Alberta.

Volume Two contains the responses to the Commission's Interim Report on Nursing; as well as the glossary of terms and abbreviations used in the report.

Volume Three contains the supplemental information to **The Rainbow Report** including the appendices and a table of contents to a materials guide to assist people in obtaining more background information.

As a companion piece to the written report, the Commission produced a half-hour videotape. The video is a highly visual presentation of our recommendations and directions for change.

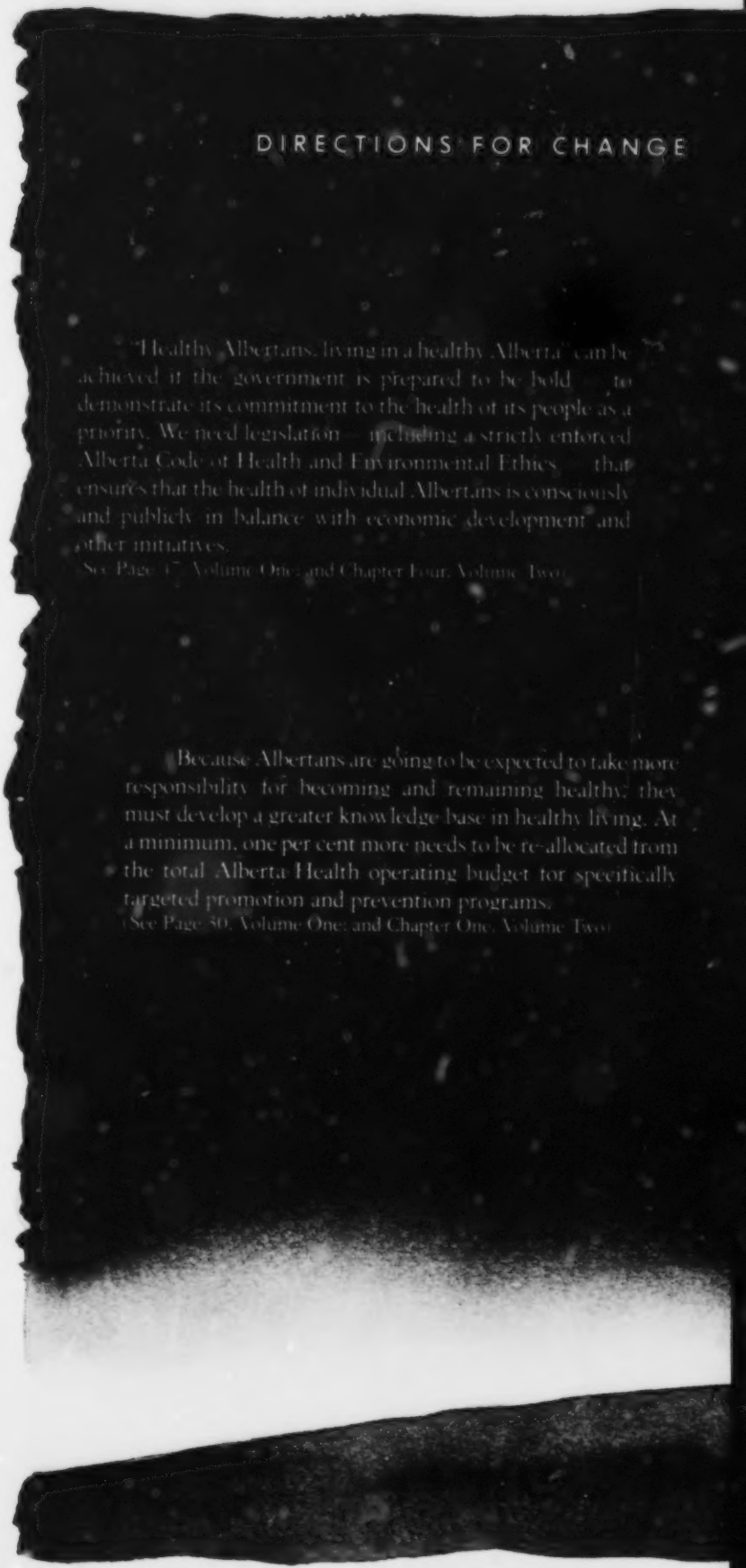
THE RECOMMENDATIONS

The Commission envisions a health and health care future for Albertans that will serve us well in the Twenty-first Century and still be achievable, believable and meaningful in the context of today.

The recommendations are meant to encourage and motivate...to serve as the impetus for a new generation of commitment and knowledge into which we can move with skill and humanity. Our single most important task is to set ourselves — our minds, our hearts, and our feet — on the journey to our future. If, as Albertans, we choose too narrow a path and explore only our current problems — never venturing down the countless avenues that beckon us on this journey — we will fail.

THE GENERAL DIRECTIONS

The Commission has selected — from among our 21 recommendations — *six directions for change* as demonstrative of the overall approach we have taken. We believe these directions embody the spirit of our conclusions. They are our way of building the future on an essentially sound foundation. Our recommendations are illustrative of the way Alberta can address the short, medium and long-term goals that are identified as desirable. These are elaborated upon in the following pages and presented in greater detail in Volume Two. The recommendations have been numbered for easy reference, and are arranged in an order in which things might happen logically, not in order of importance.


DIRECTIONS FOR CHANGE
"Healthy Albertans, living in a healthy Alberta" can be achieved if the government is prepared to be bold ... to demonstrate its commitment to the health of its people as a priority. We need legislation ... including a strictly enforced Alberta Code of Health and Environmental Ethics ... that ensures that the health of individual Albertans is consciously and publicly in balance with economic development and other initiatives.
(See Page 17, Volume One; and Chapter Four, Volume Two)
Because Albertans are going to be expected to take more responsibility for becoming and remaining healthy, they must develop a greater knowledge base in healthy living. At a minimum, one per cent more needs to be re-allocated from the total Alberta Health operating budget for specifically targeted promotion and prevention programs.
(See Page 30, Volume One; and Chapter One, Volume Two)

The key to a responsive system is to return the authority for decisions affecting the relevance of health services to people within the communities, familiar with local needs and priorities. Health Authorities, with responsibility for allocating funds and comprised of locally elected trustees, should be established throughout the province.
(See Page 41, Volume One, and Chapter Three, Volume Two)

If the government is committed to fostering an atmosphere of self reliance, autonomy and dignity among its citizens, then individual Albertans, and/or their designates, should have the responsibility for disbursing and managing the funds required for their health and health care needs.
(See Page 55, Volume One, and Chapter Two, Volume Two)

Matters regarding our lives and our health, and living and dying with dignity are complex and worrisome issues which require deliberation and discussion. The Government of Alberta should provide matching grant funds for the establishment of a publicly accessible Ethics Centre to assist Albertans facing such dilemmas.
(See Page 55, Volume One, and Chapter Two, Volume Two)

The vision of "healthy Albertans, living in a healthy Alberta" needs a champion — an Advocate — to focus on our state of well-being, and the long-term efficiency and effectiveness of our health system. An Advocate for a Healthy Alberta would communicate with and to Albertans and the government about health and health care.
(See Page 58, Volume One, and Chapter Three, Volume Two)

"It is recommended that as a way of further reducing the spending of health care dollars there is a heavy emphasis on wellness education promoted through schools, community education and the workplace."
Public Health Advisory and Appeal Board

THE ELABORATION

Healthy Albertans: Alberta's fundamental resource

Awareness and understanding of how to become and remain healthy are essential to the overall vision for Albertans, and such knowledge must be imparted at the earliest possible opportunity, and to all segments of the population. Complete well-being encompasses and impacts on our everyday lives — at school, at work, at home. We also must understand that special support may be required in certain circumstances to provide balance within our society.

The experience of targeting specific areas of health promotion has been very positive. The use of community action groups, committed to dealing with the removal of various barriers to good health, has begun in some Alberta communities and has been effective. The efforts of numerous volunteer organizations and foundations, dedicated to conducting research and creating awareness, are to be commended.

However, a more coordinated approach on a much broader scale, with specific goals and measured achievement, is needed so the resources necessary for comprehensive, complementary and supportive programs in healthy living can be provided.

1.0 THEREFORE, WE RECOMMEND that the Government of Alberta, using a phased-in approach starting in 1990, provide additional funds from within the Alberta Health budget for health promotion and illness/injury prevention, so that by April 1, 1995, the department is spending at least one per cent more of its overall operating budget on these areas;

1.1 that specific areas for improvement be identified annually as priorities and targeted for community-based promotion, protection and prevention programs; and

1.2 that goals be set for such programs, and that their effectiveness be measured in order to retain funding.

2.0 FURTHERMORE, WE RECOMMEND that the facilities and departments of the Government of Alberta, including publicly-funded institutions such as schools, hospitals and post-secondary institutions, become role models of healthy environments and practices;

2.1 that employers be encouraged to provide health promotion and illness/injury prevention information and assistance, and physical fitness facilities or opportunities as standard benefits of employment; and

2.2 that Alberta Advanced Education provide course development funds to enable faculties of education to offer health as a major or minor field of study to educators attending Alberta's universities.

"Government funding should be reviewed to place a higher emphasis on preventive programs, research and education."
The Alberta
Dental Association

"A fundamental reorientation of health care policy is required to respond to the changing needs of Canadian society, as well as to a new social and economic climate. Health education and health promotion programs, many of which can be community-based, may have significant impact on health-related lifestyle behaviors such as cigarette smoking, alcohol abuse, and dietary and exercise habits."
The Psychologists
Association of Alberta

"Implementation of a province-wide computer accessible patient-retained medical records system (i.e. "smart card") should be evaluated."
Alberta Pharmaceutical Association

"We recommend the development of an integrated database of laboratory and other diagnostic services, and prescription drugs to improve patient care."
The College of Physicians and Surgeons of Alberta

People: The real focus

It is inevitable that micro-computer technology will become more and more a part of our everyday lives. We cannot afford to be left behind but must take advantage now by preparing for the time (soon) when this technology will be integral to most of the transactions we carry out on a routine basis — banking, credit, shopping, and health care will be accessed through smart, supersmart and optical cards, or more innovative micro-chip devices worn on the wrist, or even implanted. Technology currently exists that enables the electronic storage of more than a thousand pages of double-spaced data on wallet-sized cards, sufficient and ideal for carrying a person's full health and medical/dental/pharmaceutical history, including X-rays and insurance information.

3.0 **THEREFORE, WE RECOMMEND that the Government of Alberta establish a committee in 1990 to develop a strategy for the implementation of a system to collect, transfer, store and update individual health data which can be accessed through personal micro-computer devices;**

3.1 that the committee be represented by Alberta Health, the health care professions, the Advocate for a Healthy Alberta, the Health Authorities, health care and post-secondary institutions, and other departments, organizations and the private sector as appropriate;

3.2 that the strategy include the selection of a suitable area, ideally within a Health Authority boundary, which would participate in a full pilot project to test province-wide application;

3.3 that the strategy include a proposal for financial and/or manpower incentives to assist and encourage Health Authorities and health care institutions and operations, such as doctors' offices, community health clinics and others, in making the transition to a province-wide, compatible, confidential, computerized system;

3.4 that an awareness program be developed to encourage, inform, ensure and/or train health care providers and consumers in the use, advantages and confidentiality of the computerized system; and

3.5 that the personalized, computerized health care information system be phased-in and fully operational throughout the province no later than 1995.

There is a tendency to take for granted those programs and services which we consider to be free. Health care in Alberta is not free — it is a social program for which we pay, through premiums and taxes. Yet few of us are aware of how and when to use the system effectively and appropriately...of how much we have paid overall...of the breakdown in the cost of the services we have required.

4.0 THEREFORE, WE RECOMMEND that, during regular curriculum review, matters pertaining to the health system be included in appropriate life skills management, social studies and other courses in the school curriculum, and that the incorporation be concluded no later than 1995;

4.1 that health studies at Alberta's post-secondary institutions include courses on use of the health system;

4.2 that information on the costs of services rendered by practitioners, institutions or government agencies be provided to individuals;

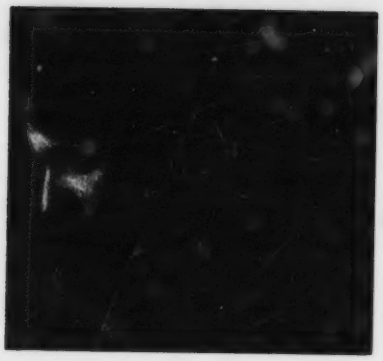
4.3 that the Government of Alberta initiate methods of informing its constituents of the range of health services available, how and when to use them, where the funds come from, and their value; and

4.4 that incentives be provided to Albertans to maintain a healthy lifestyle, and some form of reward be provided to those who use the care system significantly less than the norm.

"Schools should be encouraged to teach young people responsible health choices and appropriate use of the health care delivery system."
The Salvation Army Grace Hospital Women's Health Centre

"It is certainly a responsibility of citizens to have an understanding of the funds that are being spent on our behalf. The Friends of Medicare see a need for Albertans being provided with statements of their individual health care costs and be required to sign acknowledgements of services rendered as a control and education measure."
Alberta Society of Friends of Medicare

"It is recommended that patients be made more aware of the influence of lifestyle on their ultimate needs for health care, and on health care costs."
Alberta Medical Association



"It is recommended that family members have a right to express personal opinions but it is important that sufficient inter-personal awareness and expertise are available to help family members, patients and staff recognize and take responsibility for their own views and do not impose them on others."
Alberta North Synod

"Demonstration projects should be encouraged and funded. Projects must be carefully considered, well designed and conducted in highly ethical fashion."
Alberta Heritage Foundation for Medical Research

Because of the very nature of the topic and our changing times and technologies, any discussion of health and health care inevitably and invariably leads to discussion of ethical issues. Albertans — as family members, as patients, as health care providers, as pastoral care providers, as legislators and judiciary — face ethical dilemmas on a daily basis. People need information and the opportunity — in a contemplative, accessible setting — to exchange ideas on the complex issues we are facing and the decisions we are trying to make regarding our lives and health, and living and dying with dignity.

5.0 THEREFORE, WE RECOMMEND that the Government of Alberta support the establishment of a provincial Ethics Centre by providing matching grants annually, up to and including 1995, to funds provided by academic institutions, religious groups, corporations, foundations, and individuals;

5.1 that the Ethics Centre exist within an intellectual but practical environment, accessible by the public, but operating at arms-length from governing bodies;

5.2 that the findings of the Ethics Centre be shared with Albertans in an appropriate manner, with provincial Health Authorities, with members of the health care and other professions, and with similar centres nationally and internationally; and

5.3 that the success of the Ethics Centre in meeting its mandate be reviewed in 1994 to determine continuing the Government of Alberta matching-grant program for an additional five years.

We have the right to make decisions about our lives and our health that will be honoured should we become incapable at a later time. Albertans should be able to provide binding instruction about our futures, comfortable in the assurance that our wishes will be carried out.

6.0 THEREFORE, WE RECOMMEND that the Government of Alberta introduce legislation in 1990 which will enable Albertans to provide

1) enduring power of attorney regarding financial and other matters; and

2) advanced directives, also referred to as "living wills", regarding personal matters.

"It is recommended that serious consideration be given to enacting legislation to provide for a substitute decision-maker appointed by the patient similar to that found in enduring powers of attorney legislation in other jurisdictions."
Special Project Committee of the Alberta Branch of the Canadian Bar Association

People directly derive personal public health credit by use of their smart cards to pay for health services.

Mature interdependence and acceptance of personal responsibility are fundamental goals of this report. The political will to foster an atmosphere that favours self-reliance, autonomy and dignity for all, particularly the weak — consistent with **Caring and Responsibility - A Statement of Social Policy for Alberta** — is essential to the achievement of this goal. Perhaps in no other area would the commitment to this ideal be more evident than in provision of personalized funding systems. By granting controlled, private access to public funds for health care and associated services, the government would demonstrate its confidence in Albertans.

7.0 **THEREFORE, WE RECOMMEND that the Government of Alberta explore the option of a system that provides all Albertans and/or their designates with the responsibility for disbursing, managing and monitoring the funds required for their health care needs;**

7.1 that a system of personalized funding be devised that determines individual/family annual health care expense budgets (based on past usage, needs, typical comparisons and circumstances) which can be accessed only through personal, micro-computer devices from the Alberta Health Care Insurance Plan account, and can provide monthly statements detailing expenses and available balance;

7.2 that the system be flexible enough to accommodate budget adjustments following changes in health circumstance and confirmation of diagnosis;

7.3 that the system be tested in conjunction with the pilot project recommended to test the province-wide application of the personalized, computerized health information devices;

7.4 that consumer education programs be developed to assist Albertans in making informed choices about services and care providers; and

7.5 that the transfer of this responsibility to individual Albertans be phased-in and fully operational by 2005.

Social insurance is based on pooling risk — we may pay more or less than what we actually get back in services — but those transfers are what make a group a community and not just a collection of strangers. In a community, individual misfortunes are a group problem. This premise underlies the Canada Health Act and the health insurance plan of the Province of Alberta. Coverage is determined after difficult decisions regarding what is needed versus what is wanted, and what should be paid for versus what could be paid for versus what is affordable.

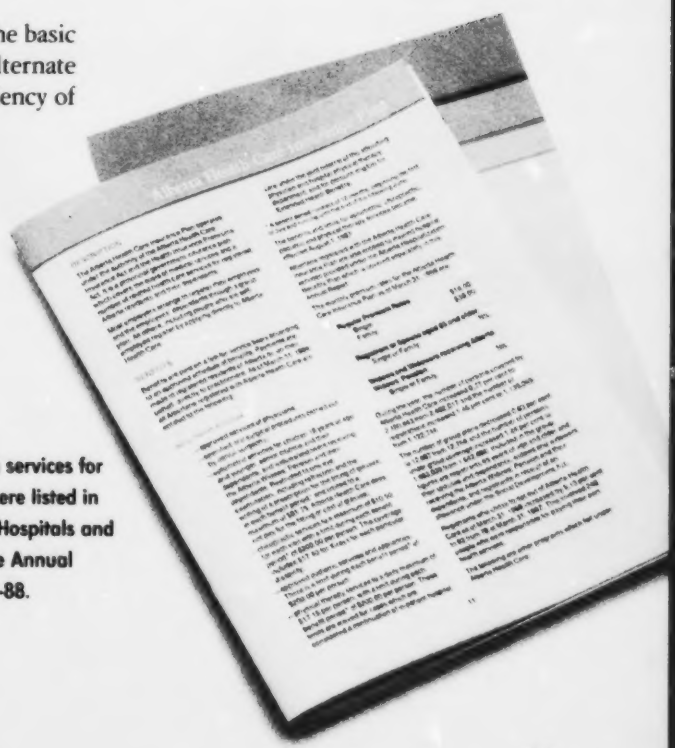
There is a need for the government of the day to define those medically required services which are covered by the insurance plan in accordance with the Canada Health Act, and these should be reviewed and up-dated periodically. Basic services would be fully insured, accessible to all and paid for out of the public purse. Other health services — provided by medical as well as non-medical practitioners — might be paid for in whole or in part by a public supplemental insurance plan, a third party insurance plan, or not at all. Consumers would have the option to choose among a greater variety of practitioners and services.

8.0 THEREFORE, WE RECOMMEND that the Government of Alberta, in consultation with health care practitioners and consumers, define what it considers to be basic insured services covered by the Alberta Health Care Insurance Plan;

8.1 that a supplementary health insurance plan for Albertans who want the option of additional services beyond the basics be established; and

8.2 that the Alberta Health Care Insurance Plan, through either the basic or supplementary plan, expand coverage to include approved alternate care providers within the system to improve the mix and efficiency of services, and to provide a range of less costly services.

"It is recommended that a formal process should be established to determine and review what services should be paid for by the Alberta Health Care Insurance Plan. Lay persons and health care professionals such as physicians, nurses and chiropractors should be involved in this process."
The Edmonton
Social Planning Council



Basic health services for Albertans were listed in the Alberta Hospitals and Medical Care Annual Report 1987-88.

"It is recommended that Alberta can best provide positive and constructive opportunities by developing a flexible funding arrangement whereby community organizations such as SASHA can develop and maintain meaningful activity and intervention programs which are more "normal", more individualized, and more economical than institutionalized care."
Southern Alberta
Self-Help Association

Direct payment to individuals — individuals with high needs — exists in Alberta, but without fully developed standards, policies, legislation or processes. Regrettably, regulations that are currently in place do little to nurture dignity, and too often necessitate personal sacrifices resulting in separation from families, disposal of assets, forced unemployment, and other restrictions which increase dependency.

"All of us", including "some of us" and/or our designates, should have the responsibility for disbursal and management of our health care funds — seen in Canada and other developed nations as the ultimate in consumer control, choice, opportunity and change. Those of us who require assistance to access health services should be able to select lay or professional people well-versed in what is available, from whom and for how much.

9.0 **THEREFORE, WE RECOMMEND that the concept of personalized direct payment to people with special need for support be applied to current and potential community-based programs, so as to help reduce barriers and restrictions, while encouraging self-reliance and dignity; and**

9.1 that enabling legislation and regulations for such direct payment programs be in place no later than April 1, 1993.

The system: Achieving a balance

The Commission believes that the dialogue which opened among Albertans — citizens of all ages, health care providers, administrators, government officials, the private sector and volunteer agencies — during our two-year mandate could herald a new era of cooperation and communication. Alberta Health and other government departments concentrate their energies on the immediate and mid-term requirements of health and health care programming, and the budgeting and administration of a large and highly complex system.

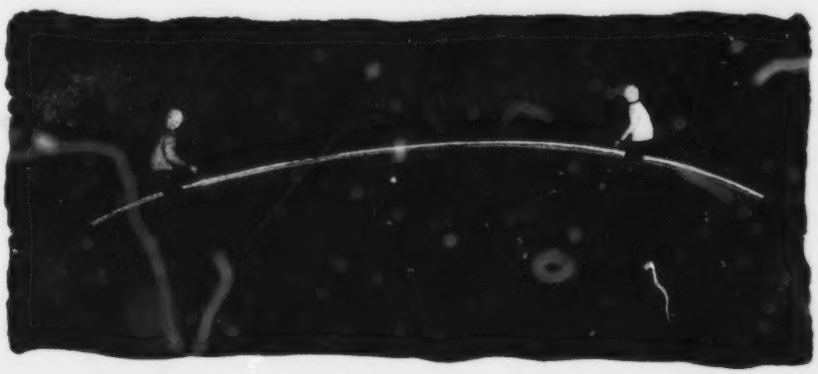
"The CAC (Alberta) recommends that the Provincial Government, in the interest of the general public, create the position of Health Care Ombudsman."
Consumers Association of Canada

We believe that an arms-length-from-government body is vital to shepherding our vision for healthy Albertans in a healthy Alberta into the twenty-first century. This body would provide a regular "report card" on the results of its review of the efficiency, effectiveness and suitability of our health system. It would exert its influence through communication and discussion — by developing and sustaining a deep, meaningful conversation with Albertans and their government — and effect change through relevant representation.

10.0 THEREFORE, WE RECOMMEND that the Government of Alberta appoint/select an Advocate for a Healthy Alberta to focus on the health status of Albertans as a whole; to review the efficiency, effectiveness and suitability of our health system; and to set broad priorities; as well as to communicate on health matters with and to Albertans and the government;

10.1 that the Advocate be given the authority to collect the necessary data from government departments, agencies and Health Authorities in order to coordinate such activities as may be on-going, and to make recommendations;

"It is recommended that there is a need for more intersectoral planning and collaboration through a Provincial Health Advisory Council (interdepartmental) advisory to the Department of Hospitals and Medical Care, Community and Occupational Health and Social Services, with links to Regional Health Councils (interdepartmental) which would be advisory to elected boards of health units, hospitals and to social services."
Healthy City Project Association — Calgary



"Consistent with the recognition of the broad determinants of health is the need to develop a structure that can bring together the relevant groups and develop a long term approach to the health and illness needs of Albertans (eg. an inter-departmental Health Promotion Council and an Expert Advisory Committee)."
Society of Alberta Medical Officers of Health

10.2 that the Advocate oversee the long-range and strategic planning, and health policy analysis for Alberta, with representatives from each of the Health Authorities sitting in an advisory capacity to the Advocate;

10.3 that the work and the findings of the Advocate for a Healthy Alberta be readily and frequently communicated to Albertans, to the Premier, to Members of the Legislative Assembly and appropriate government departments; and

10.4 that the Advocate for a Healthy Alberta fulfill his/her mandate during the period of April 1, 1990 and March 31, 2001.

11.0 FURTHERMORE, WE RECOMMEND that a full review of the success of the Advocate for a Healthy Alberta be conducted by a provincial/national/international panel beginning on April 1, 1995 and reporting to the Premier no later than March 31, 1996; and

11.1 that, based on its findings, the review panel either
1) endorse the work of the Advocate and recommend continuance to the end of the term;
2) give it limited approval and recommend continuance, subject to certain changes in direction and structure, and a subsequent review; or
3) assess him/her as ineffective and recommend termination of the appointment within six months; and

11.2 that if the Advocate for a Healthy Alberta does not, or is not able to, fulfill the mandate as described, then a full Alberta Health Institute with appropriate authority and funding be established to carry out the task, reporting directly to the Premier through the Deputy Minister of Executive Council.

We must be prepared to reorganize the health care system to ensure that it is more responsive to the people it serves directly and to the changing and differing needs of our communities. There is a real opportunity to build new partnerships that are a creative mix of agencies and services specifically tailored to particular areas of the province. Greater responsibility and accountability must be returned to those Albertans, dedicated to this new philosophy, who are willing to accept the challenge of serving their communities in matters related to health and health care systems.

12.0 THEREFORE, WE RECOMMEND that the province be divided into nine autonomous administrative areas within defined boundary structures, accountable through appropriately named Health Authorities;

12.1 that each Health Authority report annually to the department of Alberta Health on all activities, resource utilization, programs and services, fiscal arrangements and health status within its jurisdiction;

12.2 that each Health Authority board be comprised of locally-elected trustees representative of the constituents, plus an executive director and a department representative;

12.3 that the executive director be a joint appointment of the Health Authority and Alberta Health, but have a direct reporting relationship to the Authority;

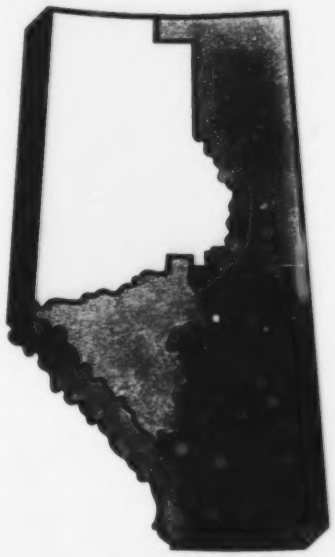
12.4 that the framework be put in place for the first election of transitional members to be accommodated during the municipal election process in 1992, with full responsibility transferred to each Health Authority, as appropriate, no later than 1995;

12.5 that each Health Authority devise community care networks to assist consumers in identifying and accessing health and health care information, programs, services, facilities and treatments available;

12.6 that the mechanism allow for existing hospital and public/community health boards and similar agencies to act in an advisory capacity to the Health Authorities; and

12.7 that the role of existing hospital and public/community health boards and similar agencies be determined within each Health Authority jurisdiction.

"It is recommended that regional health care planning be studied with a view to the development of mechanisms to provide for all health services planning in a defined region with commensurate authority to implement decisions."
Council of Teaching Hospitals of Alberta



"We have proposed that the basic minimum of health services, jointly determined as we have indicated, be funded by income-based, direct taxation, where cost increases are made highly visible to taxpayers."
Alberta Hospital Association

The Alberta health care system is costly to maintain. Its operating budget for the fiscal year 1989-90 exceeds $2.9 billion of a total provincial expenditure of $10.4 billion. Sustaining our health care systems is a concern among all developed nations. This is not a dilemma Alberta faces alone. Innovative approaches to managing the financing and funding of health care are necessary. We must make the most of the financial pool available for health and health care, ensure that the levels of basic funding are maintained and protected during times of economic downturn, and improve the efficiency of funding.

13.0 THEREFORE, WE RECOMMEND that the Government of Alberta declare health and health care as high priority services, including those which are defined as basic to the Alberta Health Care Insurance Plan, and thus ensure and protect budget allocations during periods of economic restraint; and

13.1 that Alberta Health disburse health and health care funds directly to individual Health Authorities which are responsible for provision of services, including the appropriate methods of compensation, within their administrative areas.

The majority of research projects and initiatives which are conducted in Alberta in the broad context of health are of a medical nature, focused on cause, cure and treatment of disease. The government has been highly supportive of creating a research climate conducive to attracting world-class scientists. The experience is acknowledged as positive and the successes are many.

However, a very real need — and opportunity — exists to expand our research horizons to include improving the health care system; assessing the state of health of Albertans; assessing the results of activities directed at providing care for Albertans; and targeting health promotion and illness prevention as priorities. A balance must be struck between these research directions and medical research if we are to achieve total health.

"With the current emphasis on cost-containment, it is essential that we encourage research into alternative forms of health care delivery and to support development of models of care that differ from the current traditional ones."
University of Calgary — Faculty of Medicine

14.0 THEREFORE, WE RECOMMEND that the mandate of the Alberta Heritage Foundation for Medical Research be reviewed and expanded to include research into health care systems, health status, intervention outcomes, and promotion and prevention;

14.1 that the name of the Foundation be changed to the Alberta Heritage Foundation for Health Research to reflect its expanded mandate;

14.2 that funding to the Foundation from the original Alberta Heritage Savings Trust Fund endowment be increased annually at a minimum of one per cent for 10 years, with the cumulative increase dedicated to accommodate the expanded mandate;

14.3 that a separate review panel, representing health and academic institutions, health professions, industry, the Health Authorities, the Advocate for a Healthy Alberta, government and the Foundation, be established to deal with these additional areas of research;

14.4 that the findings of these specialized research activities be reported to Alberta Health and the Advocate for a Healthy Alberta for broader dissemination and application throughout the health community; and

14.5 that the expanded operation be effective by April 1, 1991.

New technologies are being developed that have broad applications on all segments of our society and the potential to impact — favourably or unfavourably — on our quality of life. Technology has the capacity to generate new solutions and choices to meet our changing needs. The development and refinement of health technologies are necessary and must be encouraged.

However, some mechanism to provide on-going surveillance and assessment is necessary to realistically and rapidly adapt technologies which promote both humanitarian and economic benefits...and to rationally reject outmoded or harmful technologies. Such assessment should be thorough and scientifically-based; test the technology's effectiveness and safeness; and consider social and economic consequences, organizational aspects and educational issues. While the primary concern is for meaningful application of technological advances in the health and health care fields, the process cannot ignore the impact on "healthy Albertans living in a healthy Alberta" that will occur as a result of industrial developments.

"The Faculty of Medicine recommends that the Alberta Heritage Foundation for Medical Research be provided with resources to expand its role in supporting high quality clinical research and health care evaluation."
Faculty of Medicine,
University of Alberta

15.0 THEREFORE, WE RECOMMEND that the Government of Alberta provide the resources to establish a mechanism to assess health technologies, including the scientific, medical/clinical effectiveness, efficiency and safety; the economic necessity and effectiveness, including direct and indirect costs; and the social and psychological impact, including possible legal and ethical dilemmas;

15.1 that the mandate of the Alberta Research Council be expanded to coordinate/provide such comprehensive and continuous assessment of technologies, with particular emphasis on health technology;

15.2 that the name of the Council be changed to the Alberta Research and Technology Council to better reflect its role;

"It is recommended that the Health Care Options panel consider ethical issues raised by the introduction of new technologies, techniques, treatments and other advances, and develop health policy based on such considerations."
Alberta Medical Association

15.3 that the Council work in close cooperation with Alberta Health, Alberta Technology, Research and Telecommunications, Alberta Environment, the Alberta Heritage Foundation for Health Research, and the Ethics Centre;

15.4 that the Council serve as the primary contact with other provincial, and national and international governments and bodies to assist in the establishment of international standards and the sharing of technological assessments;

15.5 that the Council develop strategies for both distributing and rejecting technologies, and communicating those actions; and

15.6 that the Council establish, in conjunction with the appropriate private and public sector bodies, the mechanisms to assess and promote Alberta-developed health technologies that may be marketable nationally and internationally.

Albertans have grown to expect high quality health care and health care services. The system must be responsive to the changing needs and circumstances of consumers and providers. Both must have the assurance that the climate within the health care community is one which attracts, retains, rewards and retrains competent, caring and committed providers in sufficient numbers to maintain the level and type of services required by consumers.

As well, there is an expectation that better working relationships must be developed within the health care system — among providers from various health disciplines...among providers, their professional organizations and administrators...among providers, administrators and government...among providers, administrators, institutions, volunteer agencies and the community-at-large.

16.0 THEREFORE, WE RECOMMEND that the meritorious service, outstanding performance and development of innovative procedures by those working in the health care system be recognized and rewarded;

16.1 that health care providers be more involved in the decision-making process regarding provision of health programs and services;

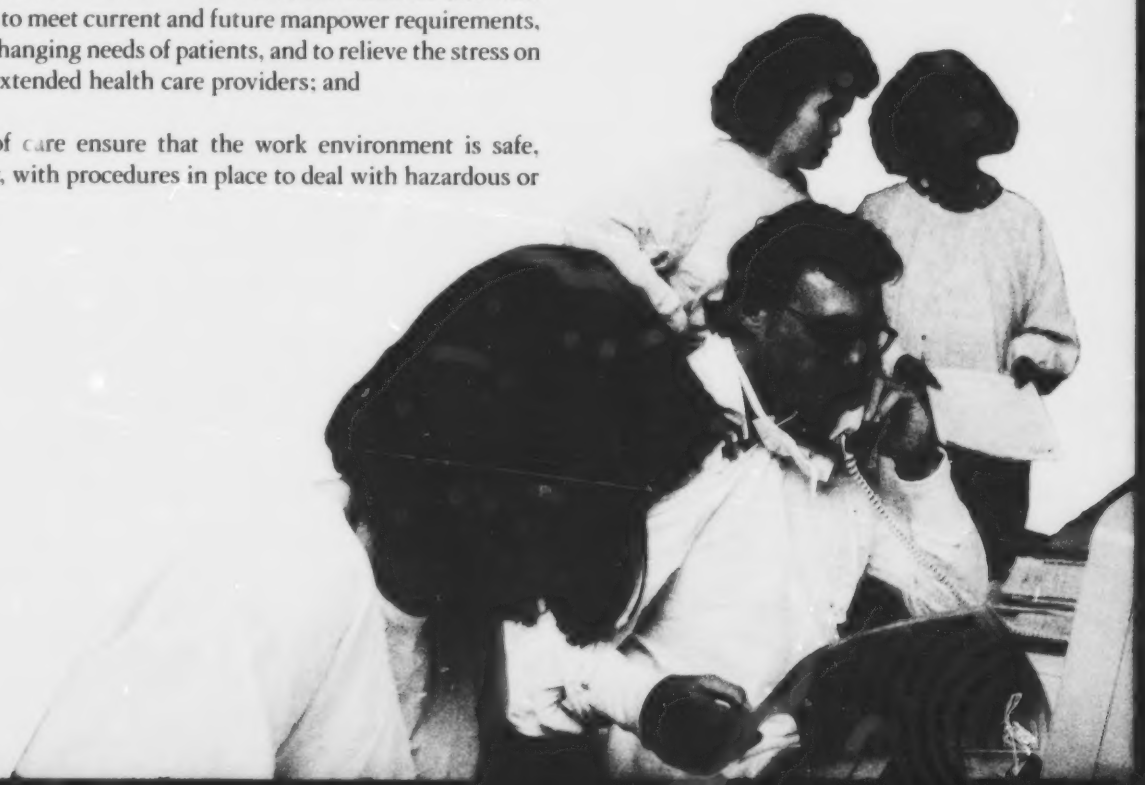
16.2 that the various institutions within the health system direct more effort and specific programs and policies toward preventing, managing and resolving conflict between and among the health disciplines, including provision of incentives which encourage good morale, cooperation and teamwork;

16.3 that human resources be maintained in sufficient numbers and with quality knowledge to meet current and future manpower requirements, to respond to the changing needs of patients, and to relieve the stress on overworked, overextended health care providers; and

16.4 that institutions of care ensure that the work environment is safe, secure and healthy, with procedures in place to deal with hazardous or crisis situations.

"There is perceived to be a major 'MD-RN' conflict. There must be a joint effort in improving relations between the two fields. More communication, trust and respect is needed — education at the institutional level for both professionals would be most helpful."
Alberta Nursing Education Administrators

"A working environment in which rewards and recognition are a reality should be facilitated with funding and opportunities for innovative approaches."
Royal Alexandra Hospitals



"Increasing emphasis must be placed in the primary curricula of all Medical and Health care training on the concept of the team approach to health care delivery. This focus should be a requirement for the acceptability (and funding) of each educational program by the Department of Advanced Education."
Northern Alberta Institute of Technology

There is a necessity to design and offer certain courses to health care providers that will assist them in dealing with situations which arise within their work-world. In addition to those already engaged in the health care professions who need such assistance, it would be opportune to provide students these courses as part of their basic education. This is a form of prevention and promotion that will help them understand their roles and relationships, and help them cope with a variety of dilemmas. The result will be stronger, more confident and tolerant health care teams.

17.0 THEREFORE, WE RECOMMEND that course content emphasize relationships and roles of different members of the health care professions in areas of common concern and practice, focus on the complementary nature of the professions, and provide instruction in conflict and stress management;

17.1 that ways be developed within and among post-secondary institutions and among instructors of health care providers to ensure that the interdependence of the professions is being reinforced at all levels; and

17.2 that Alberta Advanced Education provide course development funds, and that appropriate faculties re-allocate their resources, to offer by 1993 ethics courses to all students enrolled in health-disciplines programs.

In a province susceptible to economic boom and bust, there is an inherent difficulty in trying to accurately predict manpower needs, and to appropriately offer training programs to meet those needs. Despite the efforts of such groups as the Health and Social Services Disciplines Committee and the Western Canada Health Manpower Committee to project needs, success in the health care field has been limited.

Nonetheless, attempts must be made to establish or identify better ways to anticipate change and respond in a timely manner. Health Authorities, attuned to their own communities, will have to work closely and quickly with post-secondary institutions, professional organizations and the government — who in turn will have to coordinate their efforts on an interprovincial basis. This process must be continuous.

18.0 THEREFORE, WE RECOMMEND that the health manpower needs of the Health Authorities be reviewed following the identification of their local priorities to ensure sufficient numbers of providers of the required mix are being attracted to and trained in the appropriate health disciplines;

18.1 that post-secondary institutions in Alberta be apprised of emerging trends and needs so they can respond promptly with relevant training and retraining programs, and continuing education courses;

18.2 that Alberta work cooperatively with other jurisdictions to improve mechanisms to identify health manpower needs and coordinate appropriate training and educational opportunities throughout Canada, but particularly within the western provinces; and

18.3 that Alberta continue and expand its purchase of seats at out-of-province post-secondary institutions to train people in priority programs of study not available or at full capacity in this province.

"It is recommended that the development and understanding of a health care team be an integral part of the training of all health care professionals such as physicians, dentists, nurses, speech pathologists, mental health specialists, physiotherapists and occupational therapists."
Public Health Advisory and Appeal Board

The world around us

Albertans do not live under a glass bubble — isolated from their neighbours, immune to the global effects of assaults on the environment, unaware of our responsibility to this and future generations. Indeed, Alberta is still in the enviable position of being able to correct her past errors and ensuring that such errors are allowed neither to recur nor to be replaced by even greater threats.

The province is relatively undeveloped in comparison to other industrialized and highly populated areas, so we can learn much about what we should and should not do. In fact, the government should be more proactive in its approach to the concept of sustainable development, which reconciles economic growth and environmental protection. The Commission believes that it is essential to go one step further, and to include specifically the health component as part of environmental protection.

"The APHA recommends that the Government of Alberta ask relevant government departments to review current policies with respect to their impact on health, using the World Health Organization definition and characteristics of a healthy public policy."
The Alberta
Public Health Association

19.0 THEREFORE, WE RECOMMEND that the Government of Alberta develop an Alberta Code of Health and Environmental Ethics no later than 1992, by reviewing current policies and introducing new legislation, regulations and procedures to ensure that the health impact on Albertans is given full and equal consideration in matters of economic development and diversification, and job creation;

19.1 that the mandate of the Environment Council of Alberta be strengthened and expanded to include greater autonomy, more authority, and more responsibility in the area of the impact of the environment on health; and

19.2 that the Environment Council of Alberta work in close cooperation with the Advocate for a Healthy Alberta.

Alberta is still in the enviable position of being able to correct her past errors and ensure such errors never recur.

Alberta has the opportunity to become a leader in the development and assessment of research and technology in environmental health and protection, and renewable energy sources. Such innovations would not only have direct benefit and application within the province, but the potential to be marketable world-wide.

20.0 THEREFORE, WE RECOMMEND that the Government of Alberta encourage further research, development and assessment of technology, by both government agencies and the private sector and cooperatively, in environmental health and protection for application to Alberta industry;

20.1 that Alberta give priority to becoming a world leader in the development of innovative uses of recyclable materials and waste;

20.2 that an enhanced program of assistance/incentives be initiated by 1992 to encourage the development and use of renewable alternate energy sources; and

20.3 that the government support and assist the private sector involved in these activities to market their technologies throughout the world.

"It is recommended that the Provincial Government adopt a philosophy of 'Healthy Public Policies' and ensure that before future legislation is enacted it takes into consideration the effects on the health of Albertans and that Community Health Environmental Health Services be enhanced both provincially and locally and that they work cooperatively with the Department of the Environment to improve the environmental health of Alberta."
City of Lethbridge
Health Unit

Responsibility for matters of the environment go beyond regulation by governments and compliance by industries. Each individual has an obligation to protect, sustain and improve the environment. It becomes a matter of awareness and choice. We can participate in a direct way — for example, by purchasing environmentally friendly products, by recycling non-biodegradable containers, products and materials, by reducing energy consumption, by responsibly disposing of waste materials.

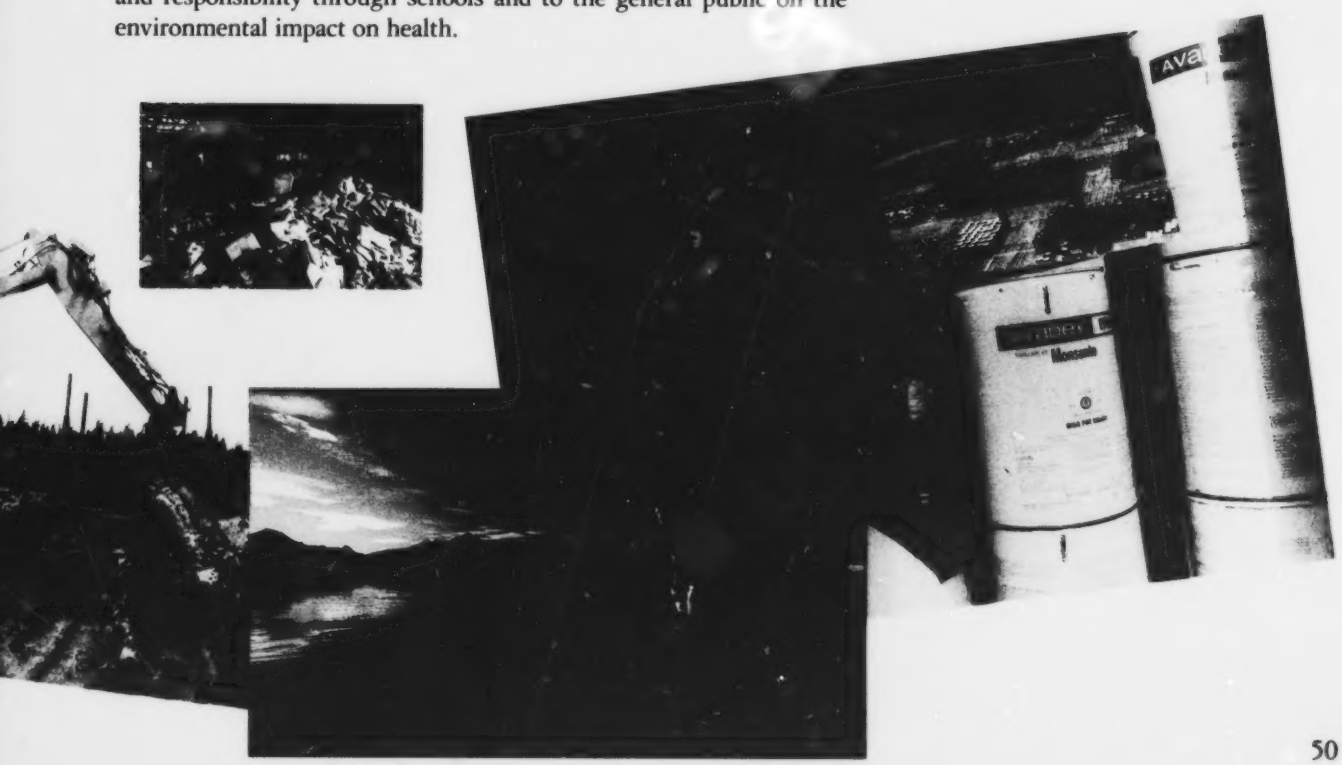
21.0 THEREFORE, WE RECOMMEND that healthy choices be made easier choices—for either or both consumers and manufacturers—because they have been made cheaper through incentives where appropriate;

21.1 that manufacturers and merchandise outlets be encouraged and assisted in labelling those goods and products that are environmentally friendly;

21.2 that the Alberta Food Processing Centre and other similar agencies of government which assist the private sector in testing, packaging and marketing their goods and products develop and promote the use of appropriately labelled, environmentally friendly or recyclable containers;

21.3 that municipalities play a larger role in upgrading disposal and recycling facilities or services; and

21.4 that Alberta Environment and other departments, and the Environment Council of Alberta communicate ideas regarding individual action and responsibility through schools and to the general public on the environmental impact on health.



FORWARD THINKING

One way to appreciate how different the future could be is to look at the past and compare it to the present. When we look back to our parents' and grandparents' times we see how much has changed.

By looking back we also gain an understanding of how Albertans and their health care system have adapted to change in the past. In the process we gain insight into our present situation. After all, where we are now is a result of the conditions we faced in the past and how we dealt with them.

Looking back (hindsight) and understanding how it was (insight) help us sharpen our ability to anticipate the future (foresight).

A century ago

Let us compare life, health and illness in the early years of this century with the present.

People who reached old age 90 years ago died of the same diseases people die of today: heart disease and cancer. However, these illnesses did not carry the burden of financial cost as they do now. For one thing, there were no expensive treatments such as bypass surgery or radiation therapy. For another, there was no medical insurance with which to pay for such treatment. But mainly, there were fewer old people to die of heart disease or cancer.

People died young. In 1921, an Albertan man died at the average age of 41; an Albertan woman at 44. One male baby in 10 died before his first birthday. To survive into adulthood meant running the gauntlet of whooping cough, scarlet fever, diphtheria, bronchitis and pneumonia, appendicitis and tuberculosis. Many did not make it. Even in adulthood tuberculosis, or "white death" as it was called, remained the leading cause of death for women and the second for men. Adult men tended to die primarily in accidents.

Infections and accidents were the greatest threats to life. While a physician could sew up wounds, remove the appendix and set limbs successfully, he could not cure most infections or communicable diseases. He often knew what "bugs" caused the disease, but he had no way of attacking them. Sulfa was unavailable until 1936 and penicillin until 1942. A person's recovery from illness really depended upon his own powers of resistance and the ability of a nurse or physician to help him keep up his strength and his spirits. Dr. J.S. McEachern, a Calgary surgeon and president of the CMA in the 1930s, was no doubt reflecting this reality when he stated that "The doctor has three functions: first, to prevent disease; second, to relieve pain; third, to assist nature in the curing of the disease."

By the time antibiotics became available enabling physicians to effect cures, the illnesses against which they were designed were becoming less of a problem. Although immunization was recognized as invaluable against some diseases, death rates from some infectious and communicable diseases had been declining for many years before medical science discovered the cures, or even knew the causes. For instance, death rates from whooping cough began to decline 70 years before the introduction of immunization.

People began living longer and healthier lives largely because their living and working conditions became cleaner and healthier and their personal hygiene so much better. It is possible, also, that improved social conditions have reduced the amount of stress we suffer and have improved our ability to cope with it, for less stress and a greater ability to cope with it means greater resistance to disease.

Turning from health to the social context, the most apparent change is where we live. Out of every five Albertans in 1921, one lived in a city, one in a small town or village, and three lived on a farm. Today, three live in a city, one in a small community and one on a farm. Communities were small and far apart. In the 1930s the train journey from Edmonton to Grande Prairie could take 24 hours.

These facts help explain the way in which our grandparents approached health and the delivery of health care. The average Albertan lived a long distance from professional medical care, often 60 to 80 miles over roads that were dustbowls in summer, swamps in spring and impassable snowdrifts in winter.

When medical help was available it was expensive. In 1915, an appendectomy could cost $20, as much as the yearly income of many homesteaders, or two weeks' wages for a tradesman. Payment in goods was common, as was late payment or no payment at all.

Anyone who became ill just carried on. If the illness continued, a person consulted a medical almanac or relied upon home remedies. First care was self-care. Only when the patient was desperately ill was the doctor, or if none was available, a district nurse called in.

Hospitals were established in Edmonton, Medicine Hat and Calgary before the turn of the century. Several other communities established hospitals in the 1910s, but it was not until an act of the provincial legislature in 1917 permitting municipalities to create hospital districts and finance hospitals from local taxation that hospital services became generally available. By 1947 there were 45 municipal hospitals. In addition, a number of clinics were established by groups of physicians, especially in the south of the province.

Health services were not available to the many people who lived outside the larger and more prosperous communities and farming districts, so several programs were adopted to meet this need.

The first, established in 1918, was the District Nursing Program. Communities which could demonstrate a need and could provide housing and an office would receive a trained nurse whose salary was paid by the province. By 1947 there were 35 such district nursing stations.

The second program was the Travelling Clinic, begun in 1924 and operated until 1944. Financed by the

Department of Health, it was designed to bring such programs as immunization, dentistry and minor surgery to small, remote communities. The patients were mainly school children whom the district nurse had identified during routine school inspection as being in need of treatment.

The third program was the establishment of rural public health districts beginning with Okotoks-High River and Red Deer in 1931. Public health services had been available in Edmonton and Calgary since the 1880s and 1890s. Medical Officers of Health were responsible for public hygiene and control of epidemics. Dairy inspection was carried out in the cities. Edmonton required all children to be immunized against smallpox by 1908, a practice which became province-wide in 1915. A provincial system of 10 health districts was established in 1907. However, public health outside the two major cities left much to be desired, hence the need for a rural program. By 1960, 93 per cent of the population was covered by public health districts.

What is significant about these programs is that they came about as a result of grassroots pressure and individual initiative. District nursing began as a result of pressures from school districts, Women's Institutes and United Farm Women.

The Travelling Clinic arose from the initiative of a district nurse who created a clinic in her district to which she invited a doctor. Health units came into being because George Hoadley, a physician Minister of Health, believed in preventive medicine. He was under considerable pressure from the Women's Institute to provide public health services in the provincial riding which he represented.

Alberta's health programs were created, therefore, by a variety of movements, philosophies and individuals that surfaced in the province in the early decades of this century, all directed to improving society through social action.

Fifty years later

By 1951 life expectancy was age 66 for men and age 70 for women. And at older ages people were still dying of chronic diseases such as heart disease and cancer which were the result of the wear and tear of life, especially inadequate exercise, excessive eating and drinking and the stress of urban life.

Encouraged by the success in treating acute disease with surgery and antibiotics, it was thought that similar approaches would be successful in the treatment of chronic disease. Consequently, standard treatments for chronic disease became more complex and more expensive. But while costs went up, overall survival did not show the dramatic change seen in the early part of the century, even though deaths from these diseases were delayed.

By the 1930s unemployment and social unrest were giving rise to increased government involvement. Among pressing social problems demanding attention were high maternal and infant mortality rates and the social welfare aspects of cancer, polio, and tuberculosis (the family supporter could spend a year or more in a sanatorium). Such factors as these caused the provincial government to provide health care and hospital insurance. Tuberculosis treatment was provided at no direct cost to the patient by 1936, polio treatment by 1938 and cancer treatment by 1941. By 1944 hospitalization for childbirth was provided at no cost to the patient. By 1947, hospitalization and treatment of pensioners was also provided at no direct cost. A "dollar-a-day" hospital plan was introduced in 1950 for bed and treatment. Coverage was extended to include diagnostic expenses in the "two-dollars-a-day" plan of 1955.

The increasing burden of hospital costs in the 1950s caused the provinces to approach the federal government for assistance. The result was a national hospital insurance program to which the federal government contributed 50 per cent of the funding. Alberta joined in 1958. The last

vestige of municipal responsibility vanished in 1973 when the province took over full funding of the provincial health regions.

Insurance for medical care was introduced to Alberta by the medical profession in 1948 in the form of Medical Services Incorporated. MSI was replaced by the Alberta Health Care Plan introduced by the provincial government in 1969.

The post-war focus on hospitals and medical care contrasted with the pre-war focus on prevention, partly because of a trend to large-scale, centralized solutions to social issues seen in the introduction of social welfare programs. But it was also the result of an increasingly scientific approach to health care and medicine which pushed the philosophy of health care in the direction of intervention and vastly improved the physician's ability to help patients with acute conditions. Surgery and the treatment of bacterial infections improved almost beyond expectation. Preventive health care had been very successful; it was time to adjust priorities and exploit the new successes in acute care.

What we have learned about the future from the past

The first and perhaps most important lesson of the past is that failure to anticipate the future correctly is primarily a failure of imagination. One must also understand the context of the times. While Bell was inventing the telephone, steel production was being revolutionized, electric motors and generators were being invented and the chemical industry was born. The modern industrial age was emerging.

We are now on the verge of a technological revolution which is reversing assumptions of previous years when bigger was better, the boss knew best, material progress had no limits and efficiency resulted from specialization. We cannot assume that life will go on as before; rather we must imagine our future within the context of a world reshaped by the micro-chip. The question is not whether we can change but in what way and how.

We pay a penalty when we cling to old ways of thinking when the context changes. Health care offers a perfect example in our own lifetime. We became so caught up in dealing with what was perceived to be the current issue — infectious and communicable diseases — that we failed to anticipate that a predictable result of our success would be an older population and therefore an epidemic of chronic disease.

We now risk preoccupation with chronic disease and prevention when the real threats may be pollution and infectious and communicable diseases that come with severe environmental disturbance, mega cities, mass migrations of populations and international air travel. We must beware of overdoing a good thing. We need public health, self-care (behaviour modification, especially) and acute care medicine, too. We need balance in the system.

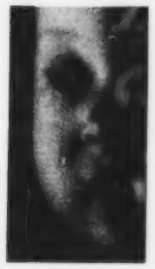
Our mental models create blind spots in our ability to think ahead. A mind in horse-and-buggy mode cannot see the value of the telephone. A mind in social-contract mode, dominated by a paternalistic attitude, is blind to the fact that people look after themselves remarkably well. Consequently, we tend to overlook this fact when designing health care systems. Margaret Owens, a physician with the Traveling Clinic in the 1930s, recalls how, even in those hard times, mothers did a remarkable job of maintaining the health of their children. With today's affluence, high levels of education and improved knowledge about health, people should be able to do an even more remarkable job.

Nowhere is the paternalistic orientation to health care less helpful than in the context of the largest health care challenge we currently face, chronic disease. Chronic disease is basically a disease of long life and lifestyle. People must take care of themselves.

The future is never what it used to be. We must examine the social, political, economic, cultural and technological forces which are reshaping our world.

(continued on page 61)

H E A L T H AND HEALTH CARE IN ALBERTA 1905 TO 2005



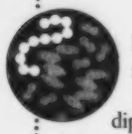
THE RAINBOW TIMELINE

During this one hundred-year span, Albertans will have moved through three eras of development. From the inauguration of our province to the celebration of our centennial, we have experienced historical, political, economical and societal trends which have influenced our approaches to health and health care, and our views on living and dying.

The Commission has chosen to graphically illustrate what was, what is and what should be. *The Rainbow Timeline* provides glimpses of significant events and puts them into the context of Alberta's progression toward a healthy future.

The railway and the demand for cheap bread in Europe help to enable a society of farmers thinly spread over the large Alberta landscape. The North American economy is dominated by financial giants in the East. In the West, grassroots political movements develop in resistance to the eastern domination.

STEAM/WHEAT ERA



Infectious and communicable diseases — typhoid, smallpox, diphtheria, tuberculosis, polio, scarlet fever, measles — are common. Bacteria spread because of poor personal hygiene in poorly ventilated buildings over long prairie winters. Many infants die from prematurity, malnutrition and diarrhea caused by poor social conditions and inadequate personal hygiene. Bacteria are seen as the biggest threat to health.

Disease prevention receives the greatest attention of the medical community. It is inexpensive as well as effective in combatting infectious and communicable diseases for which there are few active treatments.

Death is a part of life. Hardest to accept, however, are the frequent deaths of children. The introduction of sulfa helps children to survive scarlet fever, but they still risk death from a variety of other diseases.

1905 Alberta becomes a province.

1906 The Alberta College of Physicians and Surgeons is established to license physicians.

1907 Provincial public health districts are instituted and a provincial laboratory opens.

1908 Vaccination of school children against smallpox is made compulsory in Edmonton.

1911 Alberta Government Telephones builds the rural telephone system which linked pioneer families with the town's doctors and druggists.

1914

1917 Municipalities authorized to create Hospital Districts financed by local taxpayers and dollar-a-day patient charge.

1918 District nurses bring health care to remote communities. Public Health nursing program begins.

1919 Province establishes first health department — The Department of Public Health.

1919 Flu epidemic kills 4,000 Albertans. Quarantine is the only antidote.

1920

1922 Insulin is discovered by doctors F.G. Banting, C.H. Best, J.J.R. Macleod and Alberta's Dr. J.B. Collip. Shortly thereafter, the government begins free distribution of insulin by mail to all diabetics.

1923

1924 Travelling Clinic provides minor surgery, immunization and dentistry in remote parts of the province.

1925 Opening of the first provincial TB Sanatorium at Keith in southern Alberta.

1926

1929

1931 First Health Districts established including immunization services and prenatal programs in rural residents.

Biplanes used to deliver serum to Ft. Vermilion during the diphtheria epidemic

Health care services for small, scattered farm populations are small-scale and decentralized, depending largely upon local initiatives. Physicians, public health nurses and district nurses work on their own in the communities.

Hospitals are small with a physician, nurses, orderlies and ward aides working as a team doing the janitorial and administrative work as well as providing health care for their communities. A sixty-bed hospital is considered exceptionally large.

AUTO/OIL ERA

As the pace of life accelerates, stress levels increase. Albertans move from rural areas to the cities. Tobacco use increases. People adopt a more inactive lifestyle and eat a richer diet. As deaths from infectious and communicable diseases and accidents decline, more people live longer. Common causes of death are chronic illnesses like heart disease, cancer and diabetes — diseases of stress, illness and old age. Unhealthy lifestyles are seen as a major cause of illness.

Alberta's wealth comes more from the oil industry than from agriculture. People move from the farms to the towns and cities. Centralized health services are widely available. Concerned with the social effects of tuberculosis, polio and cancer, the provincial government provides hospital services to treat these diseases.

1947 Leduc #1 blows in — this major discovery marks the start of the oil era in Alberta.

1936 Sulfa was used by physicians to treat bacterial infections.

1936 First direct provision of hospital care by the province.

1942 The antibiotic penicillin enables physicians to cure bacterial infections.

1948 Alberta physicians introduce non-profit private insurance for physician's services. MSI (Alberta).

1950 Bolstered by oil revenues, the province provides hospital care for a dollar-a-day fee.

1931 First Health ...icts established ...uding preven... services and ...grams for rural ...idents.

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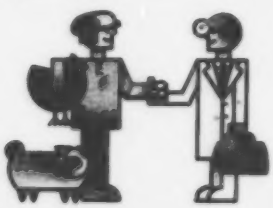
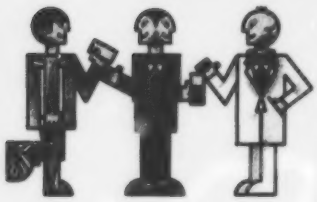
People pay the physician directly.



The introduction of penicillin leads to a much reduced death rate from many common infections. Major surgical operations become widespread once the risk of post-operative infection is reduced. Advances in radiation and chemistry bring new therapies for some chronic diseases. The use of medication and surgery to cure illness becomes the main approach to health care.

People pay taxes to a health insurer (the government), who pays the physician.



Death is remote. It takes place in the hospital rather than at home. Encouraged by technological advances in medicine, people view death as a fate to be defeated rather than accepted.

1954 Salk Polio vaccine is tested on 16,167 school children.

1957 Fairview residents vote for fluoridation of the drinking water.

1958 The province joins the Federal Hospital Insurance Plan and takes over all hospital financing.

1963 Alberta Medical Plan subsidizes low-income patients for MSI insurance.

1967 The Provincial Cancer Hospitals Board formed to operate cancer treatment and research facilities in the province.

1969 The Alberta Health Care Insurance Plan provides comprehensive prepaid health services to all citizens.

1972 Introduction of Mental Health Act.

Alberta Government establishes the first Department of Environment in Canada.

1978 Dependent Adults Act proclaimed.

As medicine becomes more complex and dependent on expensive technology, physicians specialize and congregate in professional buildings and clinics. Large, complex hospitals become possible and necessary for specialists to apply their skills. Hospital staff numbers and diversity of occupations expand.

Today an average Alberta big city hospital employs thousands of full and part time staff.

Illness prevention and health promotion programs have led to a reduction in the incidence of chronic illnesses. But the disturbance of the environment by industrial activity and over-population brings people into contact with new viruses and exposes them to toxins such as lead and dioxins. Air travel rapidly spreads exotic viruses which can thrive in the large cities and big buildings. Advanced telecommunication allows people to begin to move from the cities to smaller communities and to work in smaller groups or from their homes. In less crowded, less hurried environments, respiratory and stress-related diseases decline.

New diseases, like AIDS, bring the reality of death back into our midst. It forces us to deal with the reality of pain and suffering, and we reconcile ourselves to the certainty of death. We recognize the system cannot save us all of the time. We learn to plan for our dying and the place where it will happen.

People directly derive personal public health credit by use of their smart cards to pay for health services.

he introduction of enicillin leads to a uch reduced death te from many com- on infections. ajor surgical oper- ions become wide- read once the risk post-operative fection is reduced. dvances in radia- n and chemistry ing new therapies some chronic dis- ses. The use of edication and sur- ry to cure illness comes the main proach to health re.

1972 duction of al Health Act.

Alberta ment nes the partment ronment ada.

1978 Dependent Adults Act proclaimed.

1980

1981 Official Opening of Alberta Environmental Centre in Vegreville.

1983 First case of AIDS in Alberta.

1986

1987 Edmonton and Calgary promote healthier cities through the Healthy Communities Program.

1989

1990 Laser surgery using a catheter, not a scalpel, safely removes plaque from heart arteries without opening the patient's chest.

1992

1994 An electronic network Provincial Hotline links together health care professionals, specialists and consultants.

1997 High technology allows health care providers more time for personal contact with patients and home care.

2000 System of personalized funding enables consumers to manage own public health care funds with 'smart card'.

2005 Alberta celebrates centennial.

1998

2001

2004

2007

1991 Primary Care Nurse Practitioners, e.g. midwives, are licensed.

1987 Pilot Project initiated on 'smart cards' containing health records and computerized health information.

1993 First Alberta Health Authorities' trustees elected.

1995 Video self-help health disks widely available and used.

1996 Common training programs established for all health workers.

2002 Global interactive video telephones facilitate caregiver/consumer consultations.

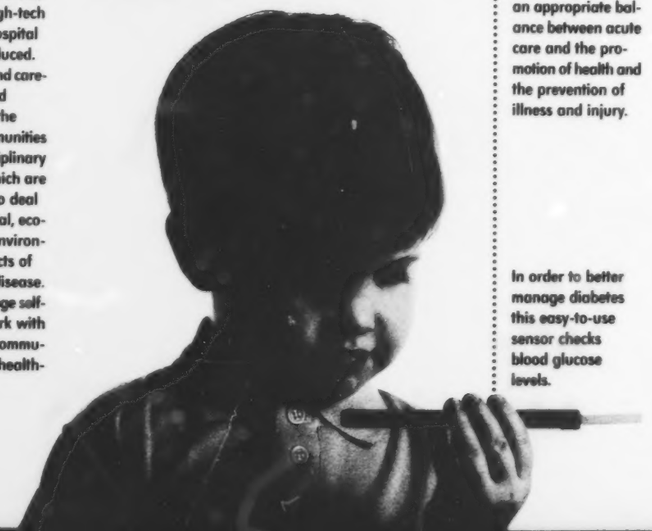
2005 Death from heart disease and breast cancer reduced by 20% over the past decade.

Today an average Alberta big city hospital employs thousands of full and part time staff.

The microprocessor, satellites and fibre optics promise to transform societies. They put the enormous power of information gathering and synthesis into the hands of individuals, organizations and the state.

The capacity of information technology to decentralize operations and empower the individual makes it an attractive tool for governments looking to trim large bureaucracies, cut costs and make services more responsive to the user. Coordinated computer networks enable highly educated work forces to work autonomously and cooperatively.

Frustrated by the inability of costly auto-era hospital medicine to prolong, in a major way, the lives of chronic disease sufferers, society focuses on prevention, promotion and the use of less intrusive, high-tech medicine. Hospital sizes are reduced. Physicians and caregivers spread throughout the smaller communities in multi-disciplinary networks which are better able to deal with the social, economic and environmental aspects of health and disease. They encourage self-care and work with people and communities to live healthier lives.



A balanced understanding of the causes of health and illness leads to a balanced approach to health care. Recognizing that environment, behaviour, genetic inheritance, individual coping skills and socio-economic conditions all influence health states, society seeks an appropriate balance between acute care and the promotion of health and the prevention of illness and injury.

In order to better manage diabetes this easy-to-use sensor checks blood glucose levels.

Thinking to the Future (Continued from page 54)

From the present into the future

At the heart of the technological revolution is the micro-chip, a fingernail-sized wafer of silicon capable of storing and manipulating enormous amounts of information cheaply. The micro-chip has countless implications for how we think and organize.

In the vast pyramidal organizations of the industrial era, communication was dependent upon an army of supervisors giving verbal instructions and seeing that those instructions were carried out. Universal elementary education, the typewriter and the telephone flattened the bureaucratic pyramid somewhat by improving communication so that it was possible to delegate responsibility more readily. Universal secondary education, combined with computers which can tie an organization together in a network on which the organization's collective knowledge is available to all at the tapping of a key, makes such a model obsolete.

With secondary and post-secondary education, people are more able to think for themselves. A computer network can give them the information they need to make decisions advantageous to their organizations; consequently, networks of cooperation replace hierarchies of authority. Cooperative networks permit decentralization, enhance independence, lower costs and increase effectiveness.

Our world has grown increasingly complicated in this century. Modern societies have become far too complex for rule by bureaucracy. The crisis of the welfare state is that it has grown in complexity beyond our old-fashioned organizational capacities.

So what will the decentralizing, empowering micro-chip with its ability to promote cooperation have on health care and health? Let us look at the biggest problem which health care administrators believe they face — the anticipated cost of caring for an aging population.

The dimensions of aging are well known. The number of people in Alberta over the age of 65 will increase by 39 percent by the year 2005. By 2010 there will be 56 percent more in that age group than today, an extra 123,000 people.

Though most of our elderly are healthy, health costs for a 70-year-old in Alberta are eight times those of a 10-year-old and four times those of a 30-year-old. The elderly are more prone to illness, particularly chronic diseases which may last for an extended period of time and may require expensive hospitalization.

What are the alternatives? Firstly, we must recognize that chronic disease may be largely a result of inappropriate lifestyle, of personal behaviour and of our previous successes in health care. This makes motivation and education the most effective tools for dealing with it. Communication, the imparting of information, is the realm of human activity which the micro-chip is in the process of revolutionizing.

Secondly, we must recognize the cost savings and health benefits from decentralization and deinstitutionalization which the micro-chip makes possible. With an investment of $5,000 we could make the home a centre of a communications web linked to health and welfare services, family friends and volunteers. Such a network could keep the elderly or the chronically ill out of hospitals or nursing homes and might relieve the taxpayer of the burden of institutional costs. The independence and increased quality of life such a network would afford the elderly or chronically ill would be immeasurable.

The health communications web could enable people to interact visually, vocally and via computerized body sensors not only within Alberta but beyond, permitting remote examination and diagnosis. A person in Alberta could consult with a physician in New York or a healer in India.

Some day we all could be wearing a "hospital-on-the-wrist" — a micro-computer the size of a wristwatch, hooked

to sensors which track vital signs and transmit them to a neighbourhood clinic, a nurse practitioner's office or a regional hospital.

Administration of payments and health records systems would be vastly improved by the use of "smart cards" similar to ones used in banking. They would be capable of carrying a person's entire health care history including X-rays. They would also be the means of payment under the health care insurance plan.

New technologies will take over much of the memory and diagnostic functions of health professionals, leaving more time for empathy, case discussion and planning. The health care practitioner might visit patients audiovisually in their own homes. More time will become available for obtaining reliable information from clients and seeing them in their social and family settings.

The new technologies will enable the practitioner to put more emphasis on communication, prevention and promotion, research and teaching. These new technologies will vastly reduce the time taken to train a health care practitioner because much less rote memory work will be required. Rote memory is the role of the computer. It will be possible to move more training into the community clinical setting.

Health care knowledge bases and diagnostic systems could one day become available to consumers, enabling them to look after their own health with a large degree of independence from the professional health care worker. In time, body sensors worn on the body will monitor the wearer's physical and mental condition. Biofeedback will thus be available for people wishing to alter behaviour and to learn control of the functioning of their bodies.

As a final example of the surprises in store, consider the discovery made by the Japanese when they wired homes for two-way audiovisual communications. The expectation was that conversations between people on the system would be distant and cool because the technology would come between them. In fact, the reverse proved true. Conversations on the system were warmer and more intimate than with people in the same room. The reason was eye contact — people tended to look straight into the video camera lens without the embarrassment of looking directly into another person's eyes. Nevertheless, for the viewer of the video screen receiving the picture transmitted by the camera, the sensation was of intimate eye-to-eye contact. The Japanese also found it extended friendship networks. People on the network system began making friends by meeting on the two-way audiovisual community television programs. People who would not normally have come to meet and know each other, did so via the telecommunications system.

We anticipate that powerful networking for constructive and imaginative changes to the health care system will emerge from telecommunications systems. They will build new partnerships between people concerned with health. Even before they are in place we anticipate that the idea of networking which they embody will become the preferred way of achieving change.

Our vision of the future

Our social system is becoming increasingly complex. Complex systems are run most effectively when individuals are empowered to make their own decisions within a common vision and ethical framework with values that support caring, mutual understanding and assistance.

A shared vision and the sense of common purpose which goes with it is necessary to give coherence to a network organization. It comes from considerable communication in the form of discussion. Thus, a central theme for our recommendations is that communication be entered into among all levels and all institutions which influence health in our society.

The new technology offers a variety of powerful tools to further the discussion in which everyone can participate. A new era of powerful, structured, informed public input into healthy public policy is beginning.

To ensure a common vision emerges from the public dialogue, we will need a champion to act as a powerful catalyst and directional agent in the process of discussion. This is the rationale for the Commission's recommendation that an Advocate for a Healthy Alberta be appointed.

At the centre of a shared vision is a shared set of values. Fundamental to the model we recommend are free and voluntary individual choice, personal responsibility and duty to others. Individual choice is important because it is the best way to make the system respond to changing needs. We recommend that the health care consumer, by means of a smart card, be able to purchase whatever health services are deemed necessary and are provided by an approved practitioner. A sense of personal responsibility is required if people are to take responsibility for their own behaviours and find the will to change them. A sense of duty to others is imperative or a network system will self-destruct under the pressures of self-interest.

We note particularly the potential of the micro-chip and telecommunications to empower the individual and the community to effect appropriate social change in a democratic manner. We note also that it was through individual and community initiative in the early years of the province that we evolved a health care system appropriate to our needs. We need to tap those same wellsprings to evolve a system appropriate to our future. For this reason, we have recommended the creation of Health Authorities throughout the province, operated by locally elected trustees.

New technology brings new powers of life, people and nature, powers which require wise behaviour guided by wise ethics. We are recommending, therefore, the establishment of an Ethics Centre, and a strictly enforced Alberta Code of Health and Environmental Ethics.

Because it is impossible to predict in any detail where the information age is going to lead us, our recommendations are broad and directional rather than prescriptive. The entire health care system is embarking on a voyage of learning and discovery. Our emphasis is on the journey rather than the destination. It is estimated that there will be a hundred new industries by the year 2000, most of which we cannot even guess at now. It is like hearing of the invention of the television, and being asked to forecast TV tables and the TV dinner. They are only obvious in retrospect.

To summarize

The future will not be like the past. We are moving into the age of information and out of the age of the automobile, just as we moved into the latter out of the age of steam 50 to 60 years ago. The shape of our province was transformed by the automobile. It will be equally transformed by the micro-chip.

We cannot anticipate what the future will bring in any detail, although there is consensus on some of the broad directions of change. The province and its health care system have embarked on a voyage of learning and discovery as they adapt to the newly emerging realities of life.

Because of its power to transform information processing and transmission, the micro-chip will transform society's ability to communicate with itself and to learn and to change in a deliberate and conscious way. We wish to harness that power for the good of the health of Albertans both physically and metaphorically: physically in terms of computer communications networks; metaphorically in terms of the idea of networking and exchanging information to effect social change with positive results for health.

For large numbers of people to work together effectively in teams requires a common vision. The creation of a shared vision is the first and most important task which we face. Visions are based on values. Creating a new vision means modifying our values to fit new times.

Because of this emphasis on vision and values, it was fundamental to produce a set of principles that guided the Commission.

Principles

People — We believe in people being the focus of the health system.

Choice — We believe in free and voluntary individual choice, personal responsibility and duty to others.

Change — We believe in the inevitability and desirability of change and our ability to manage change to accomplish our purposes.

Decisions — We believe in health decisions which are most effective and least intrusive.

Opportunity — We believe in making the opportunity available to all Albertans to maximize their own health.

Applying these principles to what we learned about the past, present and future, we arrived at our vision of the future of health in Alberta which we offer as a starting point for our common journey to a new vision we can all share.

Our vision statement

Our vision is of healthy people living in a healthy Alberta. The main dimensions and quality of this vision are as follows:

There will be free individual choice within the context of balance between individual rights and societal good. Free choice will extend to the full spectrum of caregivers.

Individuals will be accountable for the well-being of themselves, family and community but will be assisted, supported and protected in achieving these goals by healthy public policy, programming and legislation.

Individual autonomy and dignity will be respected.

Albertans will mean *all* of us.

Albertans will be skilled at developing healthy communities through grassroots leadership and commitment.

Partnerships will develop between caregivers and individuals as well as between caregivers.

Governments will return authority, responsibility, accountability and funds to individuals or their designates to facilitate the creation of meaningful personal choice.

We will have realistic expectations regarding living and dying — the system cannot shield us from the inevitable.

There will be the easiest possible access to basic and specialized health services without financial or other discriminatory barriers.

Administration of the health system will be characterized by relevant measurement, effective balance, appropriate planning, adequate funding and continual evaluation.

Health promotion and illness prevention will be taught and practiced in the community, including the schools. Schools and health facilities will become role models for healthy environments.

We will have healthy, safe working environments.

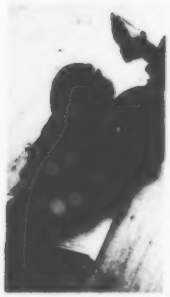
Individuals will make responsible consumer choices which safeguard the physical environment, and therefore our health.

Research and development will play an important role in improving our capabilities to cope, manage, heal, share knowledge, and protect the environment.

Fundamentally, we will have a values-motivated volunteer society where concern for and support of others will be of primary concern.

PART FOUR

THE **JOURNEY**



AN INVITATION TO ALL ALBERTANS

To the best of our ability, we have completed the task given to us by Premier Don Getty: "To conduct an inquiry into the future health requirements of Albertans." Our views on future health and health care for Albertans — what we found, what we think, what we recommend — are set out in this report, **The Rainbow Report: Our Vision for Health.** For the most part our work as Commissioners has ended.

...MORE ABOUT PLACES TO BEGIN, THAN ABOUT SELECTING SOMEWHERE TO END.

Our work as Albertans, however, has taken on new meaning. None of us is who we were when we embarked on this mission in January, 1988. We will never be the same again. We say this not with sadness, but with a sense of pride. We have greater knowledge, greater understanding, greater commitment... not just of and to health and health care, but of and to Albertans. We have come to know how all of us and some of us feel, how we think, how much we care. We have come to understand what is important, what is needed. We share the hopes and aspirations of all Albertans for a bright and healthy future.

We invite all Albertans to join us on our journey. It is a journey without end...just as a rainbow has no end. **The Rainbow Report** is more about the directions in which we should move, than about seeking a final destination... more about the way of moving into and through the Twenty-first Century, than about making changes in a particular order...more about fundamental principles and values to guide us in our travel, than about taking careful and precise steps...more about places to begin, than about selecting somewhere to end. This report is as much about the ever-changing present in which we find ourselves, as about anticipating the future.

The challenges we face are many. The achievement of healthy Albertans living in a healthy Alberta will not be without difficulty and tension. The real challenge regarding health and health care services is in attempting to provide all things to all people within the limitations of the public purse. The ideal is in attaining balance in the system, while maintaining the principles of democracy...ensuring that situations and circumstances are weighed in a just manner. It is this evolution of balance which will permit us sustainable health.

Dilemmas within society and between individuals and groups have challenged the minds of scholars for centuries. The dilemmas facing Albertans will either energize or de-energize our health system. It is preferable that we manage them, rather than allow them to control our actions.

Individual rights assume that we are obliged to act responsibly, and that we are required to account for our actions. Governments and institutions — through information, programs, and services — can give us the tools to become healthy, but the extent of our personal actions will ultimately determine our state of well-being. *Are we prepared to limit our indulgences and adopt healthy behaviours?*

For some of us, the attainment of equality has been an elusive dream. More of us must begin treating each other in the context of abilities, and abandon the tendency of making assumptions based on perceived disabilities. *Can we see each other in a more positive light, and look at our potential for achievement?*

Most people have a sense of being part of society as a whole, and would, if asked, express our need or desire to belong. Yet sometimes the need to secure or protect personal benefits can conflict with that need to belong...one must be weighed against the other. *Will some of us feel the threat of loss of special considerations, privileges or treatment when we are no longer identified separately, but become part of all of us?*

When personal control is increased, through such avenues as individualized funding and freedom of choice, there is a need to reinforce the awareness of the benefits of developing social support networks, and strengthening partnerships. *Are we — as consumers — ready for greater involvement in making decisions? Are we — as health care providers — ready to accept the right of consumers to choose?*

The primary advantage to a centralized system is the ability to operate with economies of scale by providing services to large numbers of people. The concept of regional Health Authorities has the potential for greater local participation — leading to a more accurate matching of services to local needs, and transferring control to a level nearer the level of service delivery. *Will a balance be struck between what regions need to have and want to have?*

Our health care system, and the institutions within it, evolved in response to the need to treat illness. Research and technology, for the most part, centre on treatment and cure of illness. A shift in emphasis toward preventing illness and maintaining good health is occurring. *Without detracting from excellence in our institutions or curbing research, can we accommodate both the need to maintain our institutions and to allocate more resources directed at promotion/prevention opportunities in the community?*

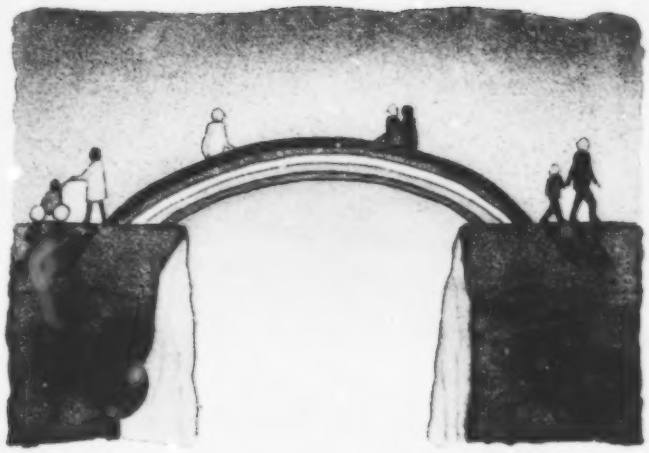
Commitment to healthy public policy regarding the environment will require political will, corporate responsibility, and perhaps even personal sacrifice. *Are all of us or any of us committed enough to do our part for the sake of future generations?*

There continue to be conflicts regarding roles and responsibilities among members of the health care professions. It is not a question of one being more important than the other — to people in need of care, all are vital. *Are the professions prepared to acknowledge the interdependence of all members of the health care team, and treat each other with due trust and respect for worthwhile and complementary contributions?*

Technology has had, and will continue to have, a profound effect on the medical profession. Expectations and demands by consumers are not always

realistic regarding outcomes or costs of tests and treatments. *Do we have the wisdom and maturity to expect only that which is reasonable and responsible?*

The capability of keeping people alive has raised new questions for all of us, including health care providers, patients and families, and the legal profession. Personal ethics, autonomy and dignity will influence our decisions. *When the time comes, will we — as providers and individuals — recognize and accept that there is a difference between prolonging living and prolonging dying?*



The Rainbow Report is not intended to present quick and easy answers to these and other challenges that face us on a daily basis. The Commissioners do not pretend to have all the answers for the achievement of optimum health and health care. We do not purport, in the directions we recommend, to have resolved or eliminated dilemmas. These must be addressed by all Albertans — within our own minds first, and then within the broader context of our families, communities, and organizational structures.

The Rainbow Report: Our Vision for Health is intended to assist Albertans to understand and willingly participate in the continuing journey toward ever greater personal, organizational, societal and environmental health; and recommends specific actions to be undertaken during the next decade that address some of our immediate concerns while enhancing the overall journey into a new century. We sincerely hope that Albertans will recognize and accept the open nature of the continuing evolution of health and health care, and want to become involved more fully in their continuing definition.

As Commissioners, we found ourselves especially thankful for, and returning to, the anchor provided to us by Premier Getty in his charge to us —

"WHEREAS the fundamental resource of Alberta is its people;

"WHEREAS the health of all Albertans is of paramount importance to the Province's future social and economic well-being..."

The Rainbow Report: Our Vision for Health is for and about all of us.

ACKNOWLEDGEMENTS

Countless people have made **The Rainbow Report: Our Vision for Health** a reality. We are indebted to all of them. The avoidance of clichés in acknowledging their immeasurable support and contribution is not possible.

The members of the Commission were overwhelmed and heartened by the response of Albertans, both private citizens and those associated with health care in a very direct manner. *Your honest, articulate comments and presentations were filled with concern and commitment, and provided us with direction.*

We were ably assisted by teams of outside consultants who availed us of their wise counsel and the benefit of their perspective on numerous issues. *Your willingness to respond under very limited timelines was greatly appreciated, and your insights were most useful in our deliberations.*

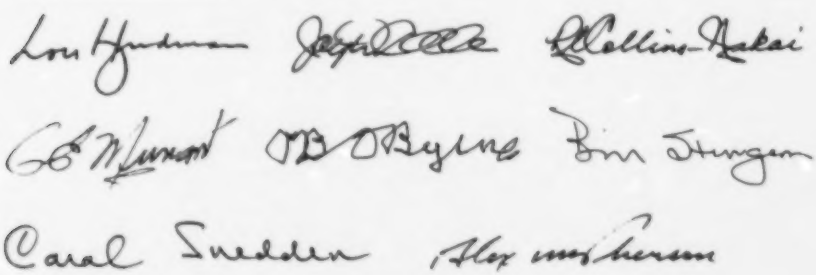
Mere words cannot express the warmth and appreciation we feel for the staff who served us in such an extraordinary manner during these two years. *You are exceptional people who could always be — and frequently were — counted on to go that "extra mile/1.6km". Your skill, knowledge, loyalty and dedication are only surpassed by your unfailing good humour.*

And, finally, we acknowledge the families, friends and associates of all of us closely involved with the work that has lead to the release of this report. *You have endured our absences from home and office; accepted attendant responsibilities; and tolerated our preoccupation with the task before us. Because of your support, understanding and sacrifice, we ask that you share in our pride and accomplishment.*

It is our hope that every person who in some way joined us on this incredible journey recognizes that they are now part of the history of this remarkable province.

Thank you.

The Commissioners



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